

**TO BE ANSWERED BY  
NEAREST FRIEND**

PHYSICIAN  
OR CORONER

# CERTIFICATE OF DEATH

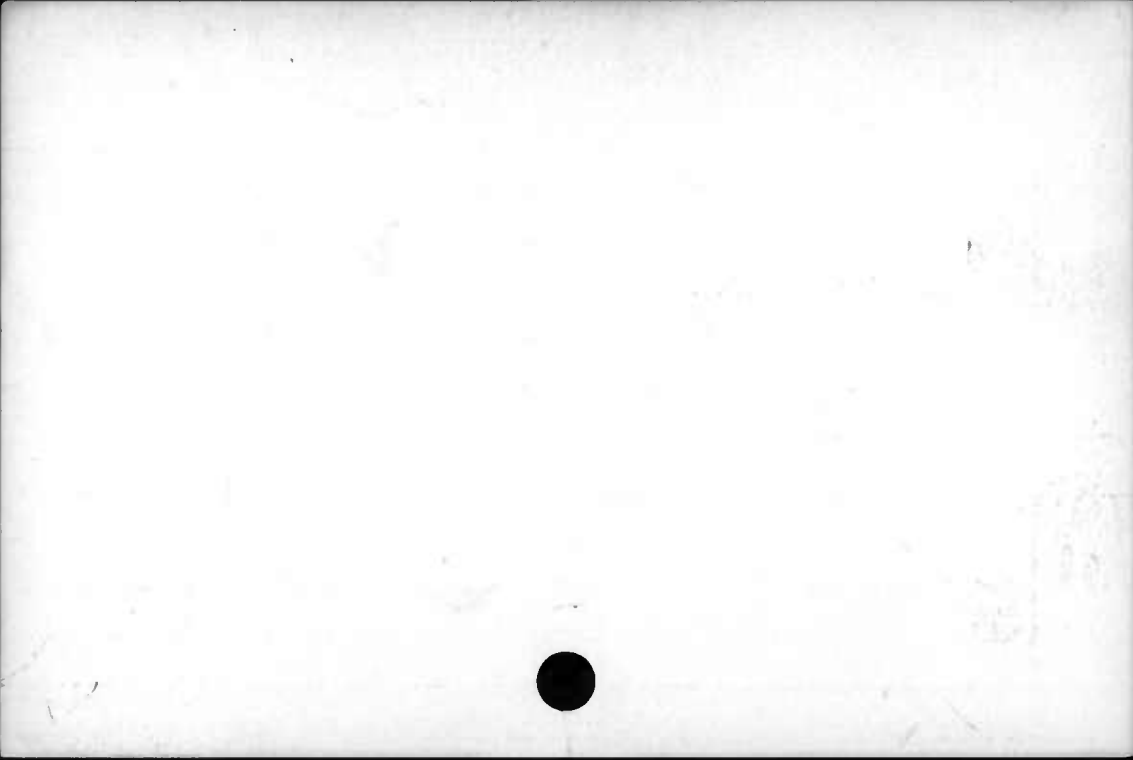
## MARYLAND

Name of person giving information	How related to deceased

### CAUSES OF DEATH

*red*

### Accident or Suicide?



Name  
in  
Full

Ward Barkman

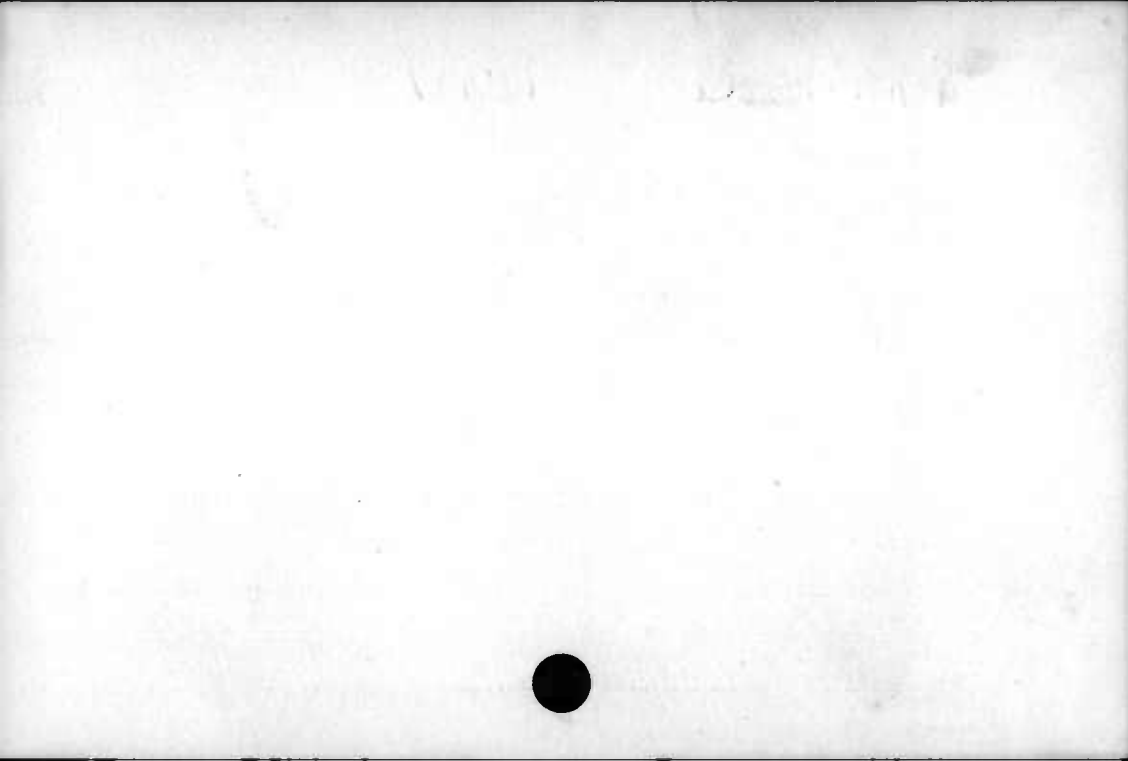
7  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Robrersville</u> <sup>Town</sup>		<u>Wash</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>3</u> <sup>Month</sup>	<u>7</u> <sup>Day</sup>	Age	<u>50</u> <sup>Years</sup>	<u>7</u> <sup>Months</sup>
Sex	<u>Male</u>		Color or Race	<u>white</u>	
Married, Single or Widowed	<u>married</u>		Occupation	<u>Retired Miller</u>	
Name of Wife or <del>Husband</del>	<u>Mary A. Gammer</u>				
Father's Name	<u>Henry Barkman</u>			Father's Birthplace	<u>Beonlino</u>
Mother's Maiden Name	<u>Margaret Betekanner</u>			Mother's Birthplace	<u>Beonlino</u>
Name of person giving information	<u>Ward Barkman</u>			How related to deceased	<u>wife</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Old age</u>	How long	<u>154</u>
Immediate	<u>Paralysis</u>	How long	<u>7 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>C. H. Barkman</u>	
		Address	
		<u>Robrersville (Ind)</u>	
Accident or Suicide?			



Name In Full

Certificate of Death

Franklin Leon Bell

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Runggold Washington  
April 20

Age

00

}

as

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Fether's

Name

Mother's

Maiden Name

Joseph B. Bell

Nancy E. Creager

Cause of

Primary

Indigestion

How long sick

2 days

Death

Immediate

Spasms 105

Accident, Suicide, Homicide

Reported by

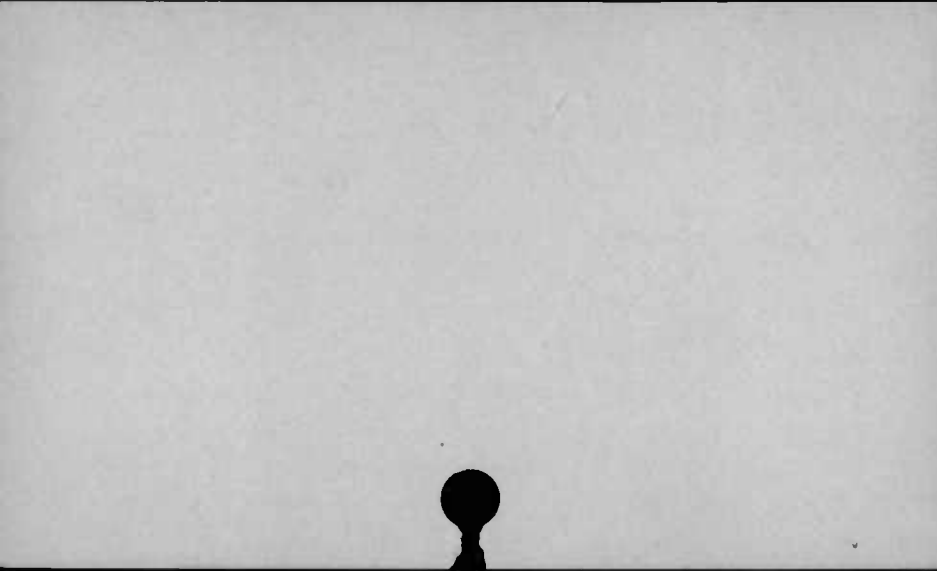
J. H. Wishard M.D.

Address

Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 73878



Name  
in  
Full

## CERTIFICATE OF DEATH

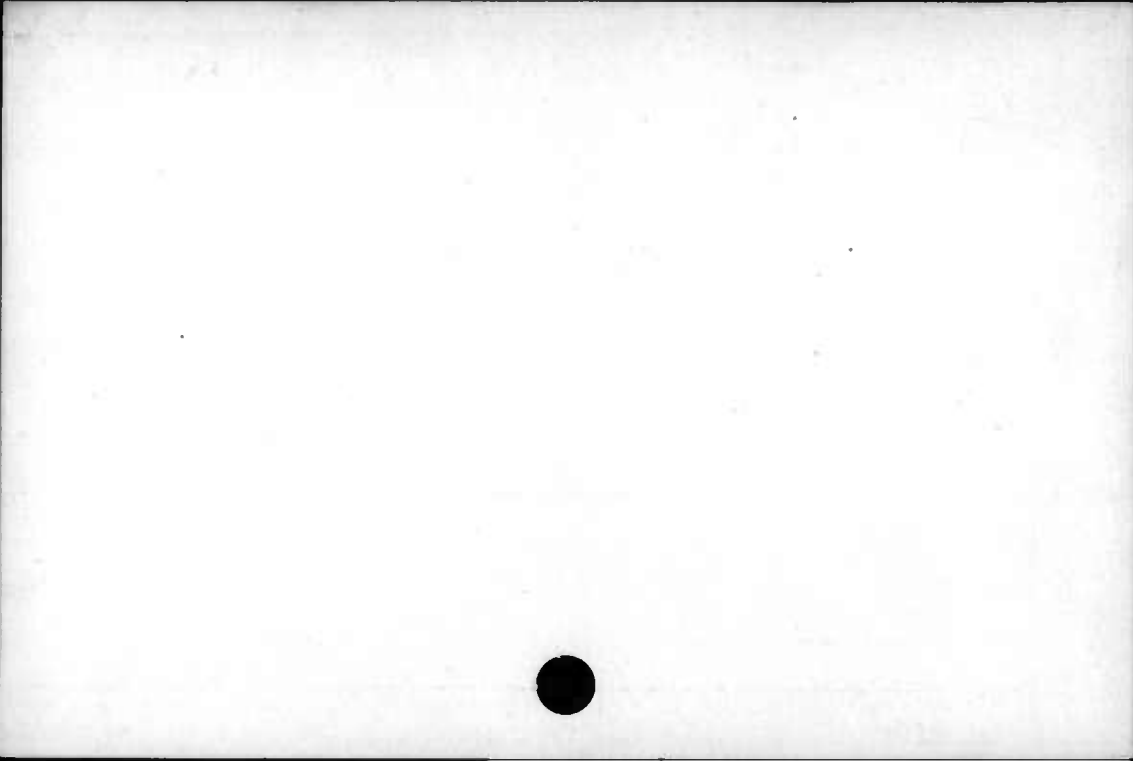
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Robert A. Bruce</b>		Town <b>Hagerstown</b>		County <b>Wash.</b>		State <b>MARYLAND</b>	
Died at <b>Hagerstown</b>		Month <b>July</b>		Day <b>17</b>		Years <b>70</b>	
Date of death 190 <b>3</b>		Months <b>—</b>		Days <b>—</b>			
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Md.</b>			
Married, Single or Widowed <b>widower</b>		Occupation <b>Retired</b>					
Name of Wife or Husband							
Father's Name <b>Robert A. Bruce</b>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <b>W. H. Ridenour</b>		How related to deceased <b>none.</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Paralysis</b>	How long <b>Some weeks</b>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>Ch. B. Bugh M.D.</b>
<b>Yes</b>	Address
Accident or Suicide?	





Name in Full

Certificate of Death

William Augustus Bowles.

Town

County

Died at

Hancock Wash

MARYLAND

Date 19 03

Month

Day

Y.

M.

D.

Native of

Occupation

7 3-

Age

78 7 8.

Md

Farmer.

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living none.

Husband of

Wife

Mary Ann Hart.

Father's

Mother's

Name

James Bowles.

Maiden Name

Martha Swope.

Cause of

Primary

Congestion of kidneys

How long sick

12 hrs

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. West

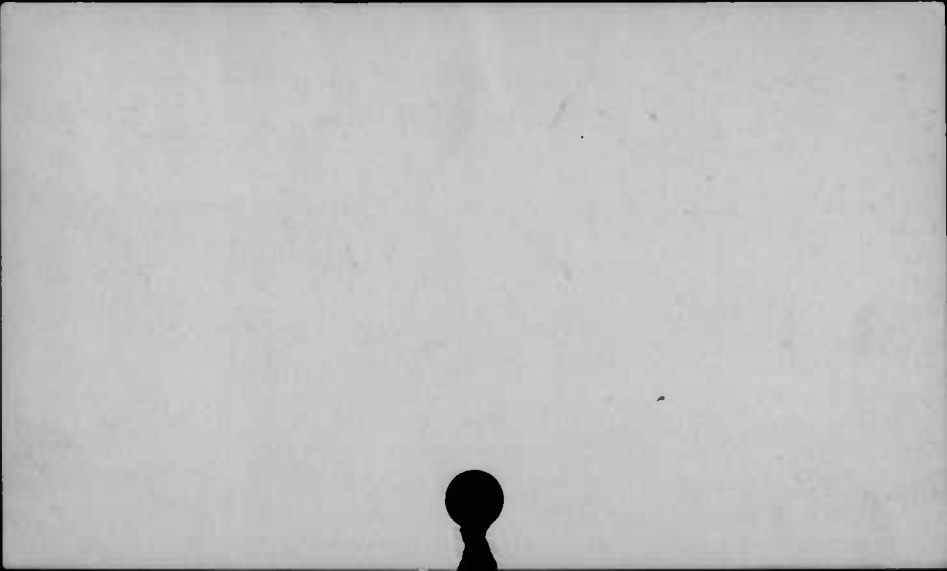
Address

Hancock

179 Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

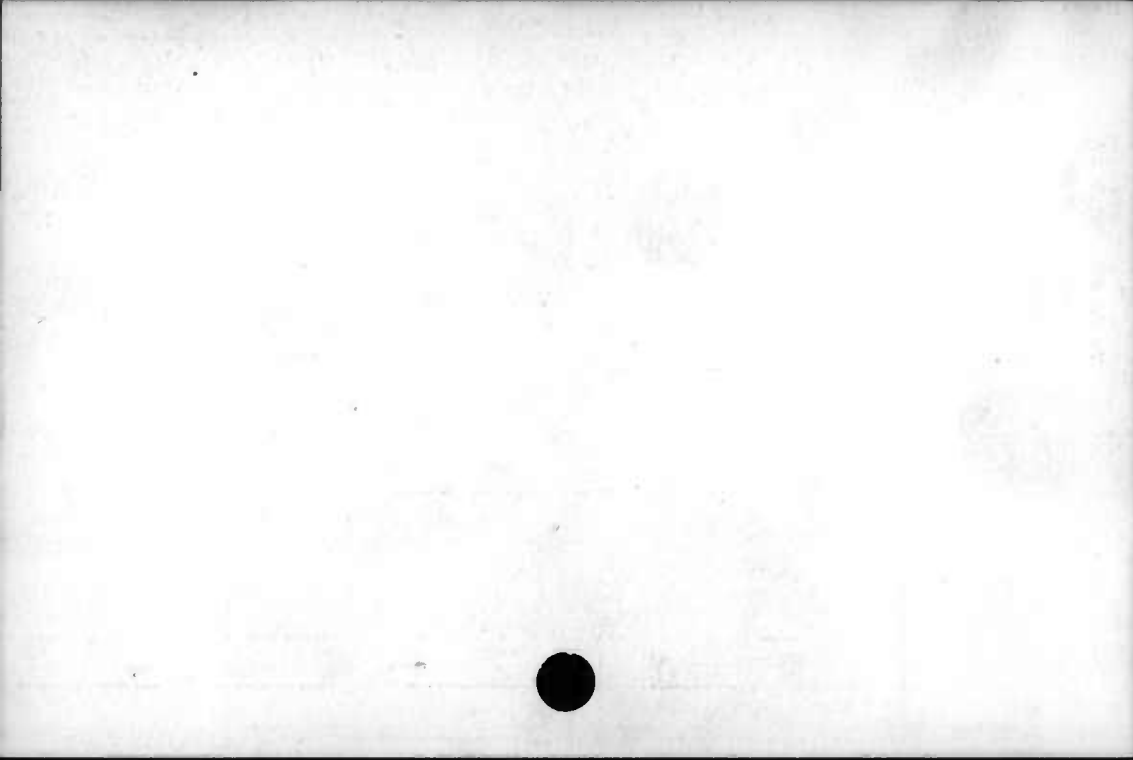
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Margaret Brown</i>		Town <i>Hoydstown</i>		County <i>Washington</i>		MAYLAND	
Died at <i>Hoydstown</i>		Month <i>July</i>		Day <i>22</i>		Years <i>70</i>	
Date of death 190 <i>3</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>Frank Brown</i>							
Father's Name <i>Thomas Louis</i>		Father's Birthplace <i>Williamsport</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Rock Ferry</i>					
Name of person giving information <i>Lucy Brown</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>		How long <i>7 months</i>	
Immediate <i>11</i>		How long <i>7 months</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas B. Dwyer</i>	
		Address <i>Chas B. Dwyer</i>	
Accident or Suicide?			



Name in Full		Mr Robert Burk				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 1903		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Married, Single or Widowed		Occupation				
		Name of Wife or <del>husband</del>						
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
						Address		
		Accident or Suicide?						

Frank Kropf Undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

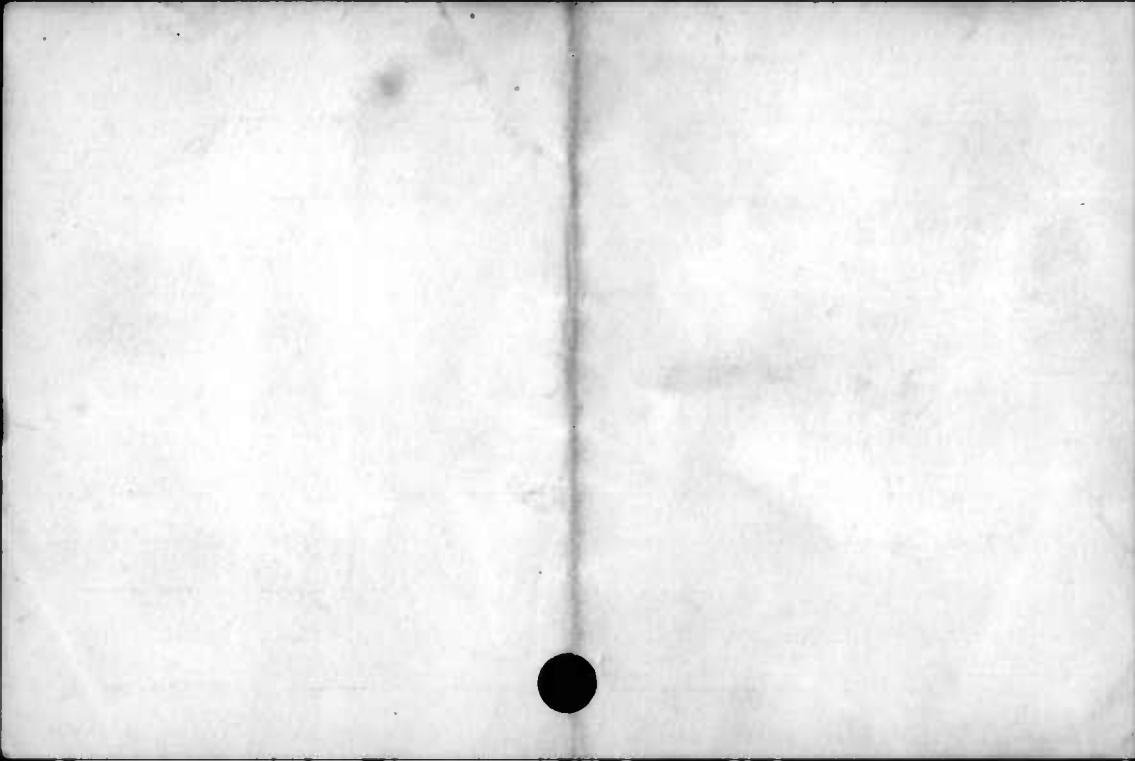
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>A. Landon Burks</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>July</i>		Day <i>19</i>		Age <i>47</i>	
Date of death 190 <i>3</i>		Months <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Va.</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>Contractor</i>					
Name of Wife or Husband							
Father's Name <i>Robert Burks</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name <i>Eliz. Burks</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs. A. C. Burks</i>		How related to deceased <i>wife.</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Heart Trouble</i>	How long <i>Some time</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Martin</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

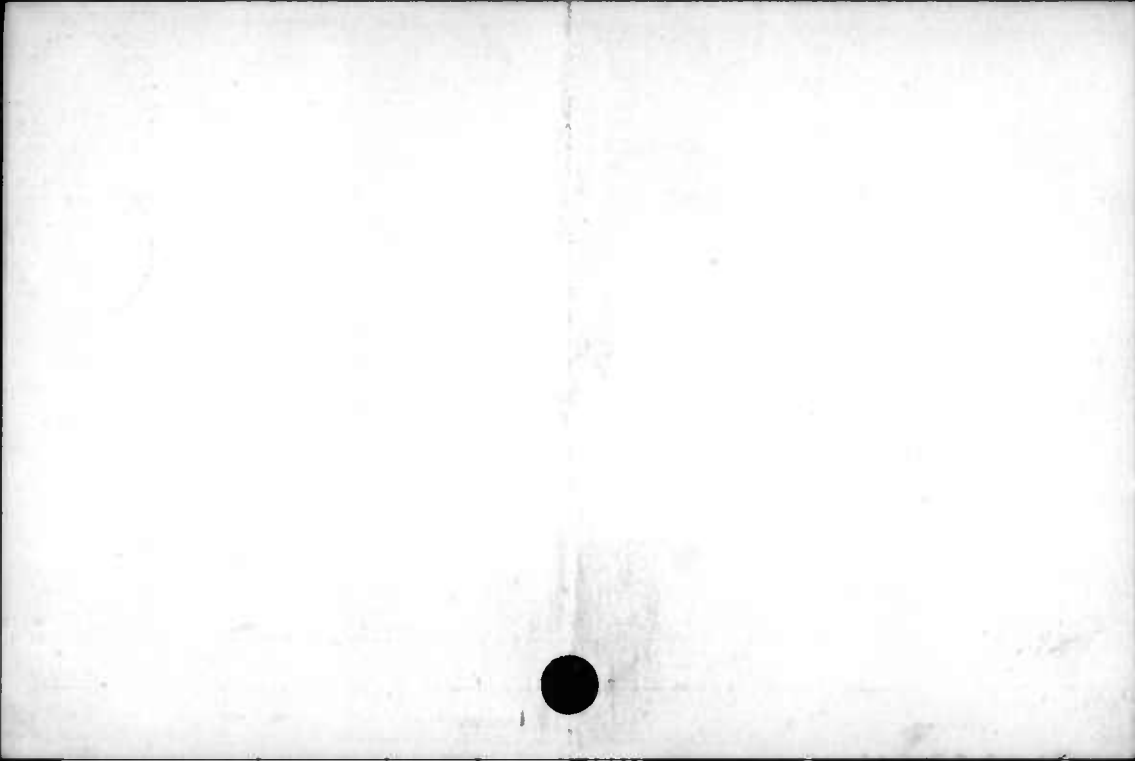
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Two Weeks</i>		Town <i>Washington</i>		County <i>Prince George's</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>10</i>	Age <i>8</i>	Years <i>—</i>	Months <i>8</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Seneca</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>Fatie Cross</i>							
Father's Name <i>Stephen Cross</i>				Father's Birthplace <i>Point of Rock</i>			
Mother's Maiden Name <i>Esther Pridgen</i>				Mother's Birthplace <i>Point of Rock</i>			
Name of person giving information <i>Victor Cross</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Seething</i>	How long <i>1 day</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Clark, D.P.</i>
	Address <i>Wm. Clark, D.P.</i>
Accident or Suicide? <i>—</i>	



Emma Davis

Town

County

Died at *Mangauville* *Washington* MARYLAND

Date *1903* *July* *30* *13* - - *Pa* *House-work*  
 Male *White* *Single* *Married* *Married* *Married*  
 Female *Single* *Married* *Married* *Married* *Married*

Father's Name *Daughter of W. H. Davis* Mother's Name *W. H. Davis*  
*W. H. Davis*

Cause of Death *Primary* *Immediate* *Typhoid-Pneumonia* *Two weeks*  
*Acute, severe, Nephritis*

Reported by *Rector Miller M.D.*

Address *Mason Hill, Pa.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sub Neg

J H Baughman Mangano  
Ort

Name  
in  
Full

## CERTIFICATE OF DEATH

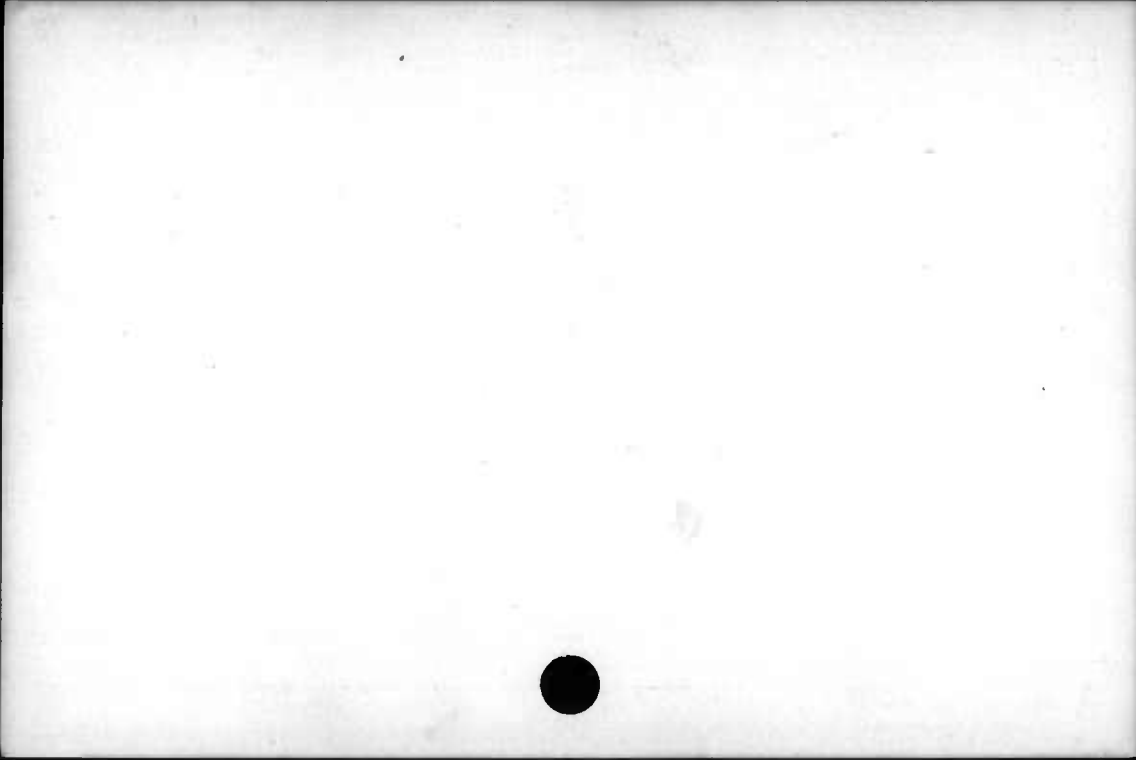
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John E. W. Davis</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>July</i>		Day <i>2</i>		Years <i>37</i>	
Date of death 190 <i>3</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Va.</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>laborer</i>					
Name of Wife or Husband <i>Annie Davis</i>							
Father's Name <i>Isiah Davis</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name <i>Fanny Shank</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs John Davis</i>		How related to deceased <i>Wife</i>					

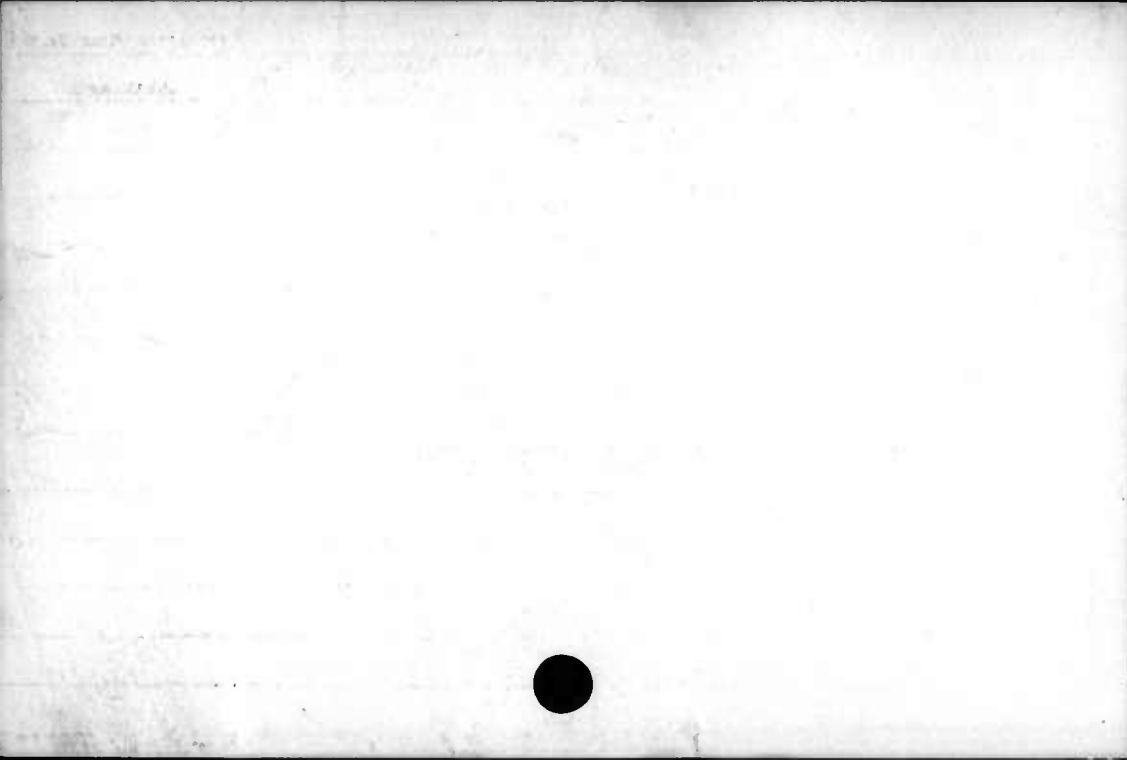
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fracture of <del>Skull</del> <i>cranium</i></i>	How long <i>5 days</i>
Immediate <i>166</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. &amp; Son</i>
	Address <i>Hagerstown</i>
Accident or Suicide <i>—</i>	



Name in Full		Malinda Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hilghman town		County Washington		MARYLAND	
	Date of death 190	Month 7	Day 20	Age 62	Years 11	Months Days	
	Sex	Female		Color or Race	White		Birth-place
	Married, Single or Widowed	Married		Occupation House work			
	Name of Wife or Husband	Elias Davis					
	Father's Name	John Reidsmiller				Father's Birthplace	
	Mother's Maiden Name	Margaret Albert				Mother's Birthplace	
Name of person giving information	Elias Davis				How related to deceased Husband		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pleuro-Pneumonia				How long	2 mos
	Immediate	Exhaustion 93				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician B.M. Reichard		
					Address Fairplay		
	Accident or Suicide?						





Andrew Edward Dorsry

Town

County

Died at

MARYLAND

Bakersville Wash.  
 1903 Month Day Y. M. D. Native of Occupation  
 Date 1903 July 24 Age 15-4-12 Wash. Co. Laborer  
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ Single ~~Widow~~ ~~Number of children living~~

Husband  
 of  
 Wife

Father's Name Edward Dorsry.

Mother's Name Sarah Danner

Cause of Death { Primary Skull Fractured  
 Immediate With Contusion of Brain  
 Accident ~~Home~~ ~~Work~~ ~~Other~~

Reported by H. Franklin Schannel M.D.  
 Address Bakersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Francisco de Donato

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Edgemont <sup>County</sup> Kenner Wash. <sup>State</sup> Maryland

Date of death 190 <sup>3</sup> Month <sup>7</sup> Day <sup>31</sup> Age <sup>Years</sup> 46 Months <sup>—</sup> Days <sup>—</sup>

Sex <sup>Male</sup> Color or Race <sup>White</sup> Birth-place <sup>Italy</sup>

Married, ~~Yes~~ or Widowed <sup>No</sup> Occupation <sup>Labrer</sup>

Name of Wife or Husband <sup>—</sup>

Father's Name <sup>—</sup> Father's Birthplace <sup>Italy</sup>

Mother's Maiden Name <sup>—</sup> Mother's Birthplace <sup>Italy</sup>

Name of person giving In formation <sup>—</sup> How related to deceased <sup>—</sup>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <sup>Accident</sup> <sup>177</sup> How long <sup>—</sup>

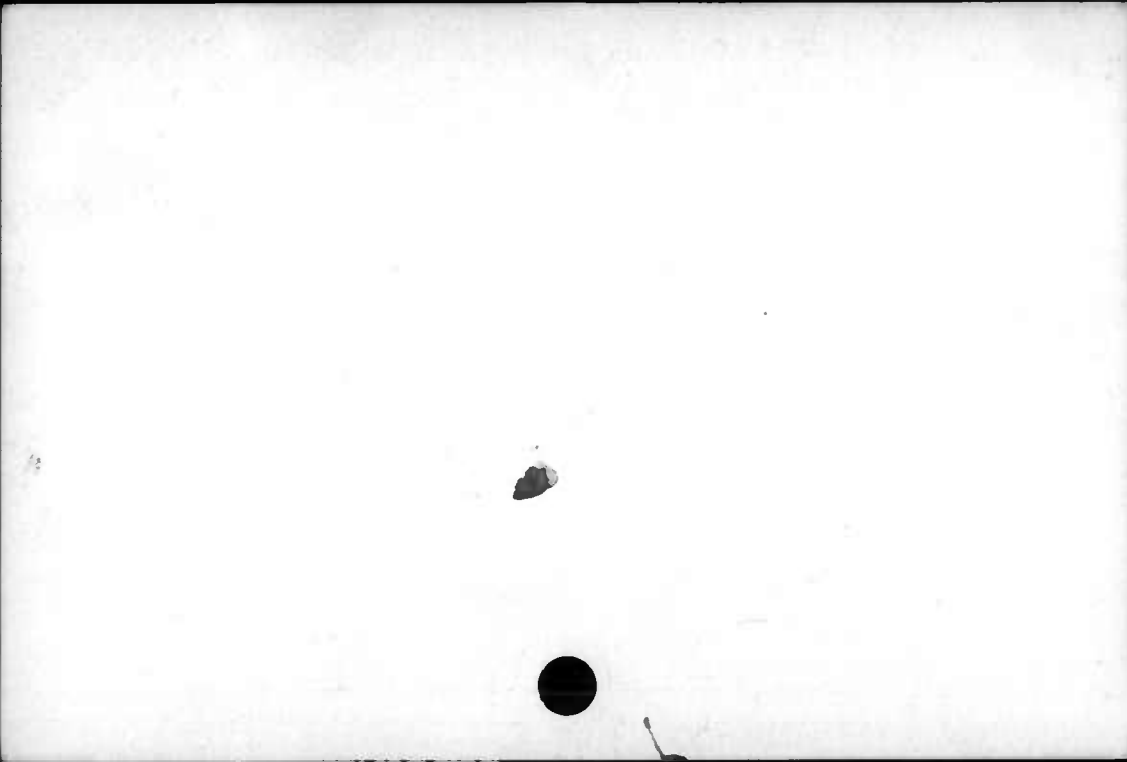
Immediate <sup>drowning</sup> How long <sup>—</sup>

Are the name, age, sex, color, date and place correctly given above? <sup>Yes</sup>

Signature of Physician <sup>Dr. J. M. Steek</sup>

Address <sup>Amherstburg, Md.</sup>

Accident or Suicide? <sup>Accident</sup>



Name in Full

Certificate of Death

Charles Edward Easton.

Town

County

Died at

Beaver Creek.

Washington

MARYLAND

Date 19

03

Month Day  
July - 2

Age

Y. M. D.  
15 - 6 - 9

Native of

Maryland

Occupation

Sealorer

Male

White

Married

Widower

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Ellis Easton

Maiden Name

Fannie Easton

Cause of

Primary

Sudden stroke

How long sick

2 hours

Death

Immediate

Exhaustion &amp; heart failure

Accident, Suicide, Homicide

Reported by

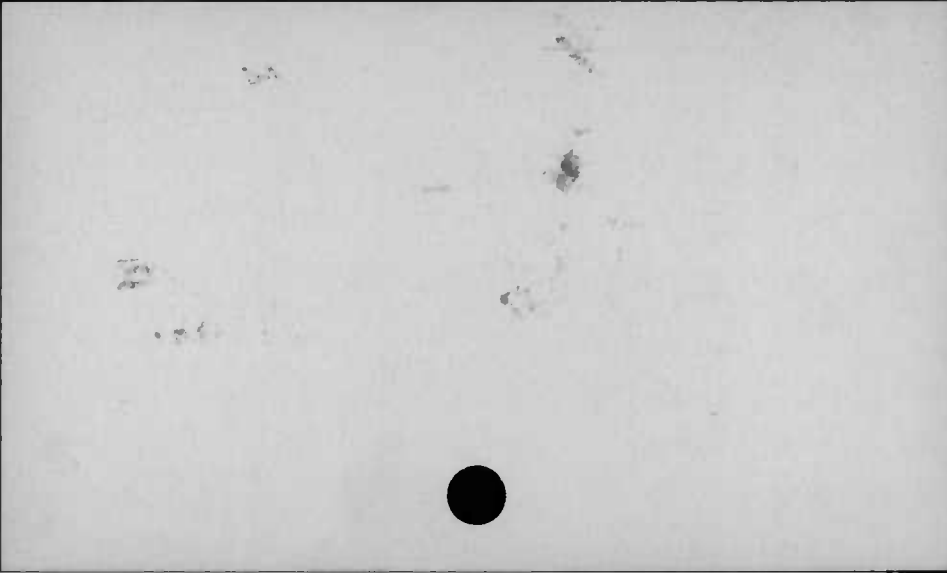
J. S. Schubert Trade. M. D.

Address

Boonsboro - Wash. Co., Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79299



Name  
in  
Full

Geneva M. Giffin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Dargan</b> Town		<b>Washington</b> County		MARYLAND	
Date of death 190 <b>3</b> Month <b>July</b> Day <b>1</b>	Age <b>5</b> Years <b>5</b> Months <b>5</b> Days	Sex <b>Female</b>		Color or Race <b>White</b>	Birth-place <b>Dargan</b>
Married, Single or Widowed <b>Single</b>		Occupation			
Name of Wife or Husband <b>_____</b>					
Father's Name <b>Harry Giffin</b>			Father's Birthplace <b>Dargan</b>		
Mother's Maiden Name <b>Emma Ault</b>			Mother's Birthplace <b>"</b>		
Name of person giving information <b>Wm. Grim</b>			How related to deceased <b>Brother-in-law</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Inanition</b>	How long <b>about 8 mos.</b>
Immediate <b>179</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>yes.</b>	Signature of Physician <b>E. M. Garrett</b>
	Address <b>Shumpshury, Md.</b>
Accident or Suicide?	

Chas. E. Wade  
Undertaker



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mary Ann Grosh*

Died at *Chauton* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death 1903 *7* Month *13* Day *77* Age *77* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Washington Co.*

~~Married, Single~~ *House wife* Occupation *House wife*

Name of Wife or Husband *John Grosh*

Father's Name *Robert Buckley* Father's Birthplace *X*

Mother's Maiden Name *Elizabeth Lutz* Mother's Birthplace *X*

Name of person giving information *John Grosh?* *W* How related to deceased *none*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

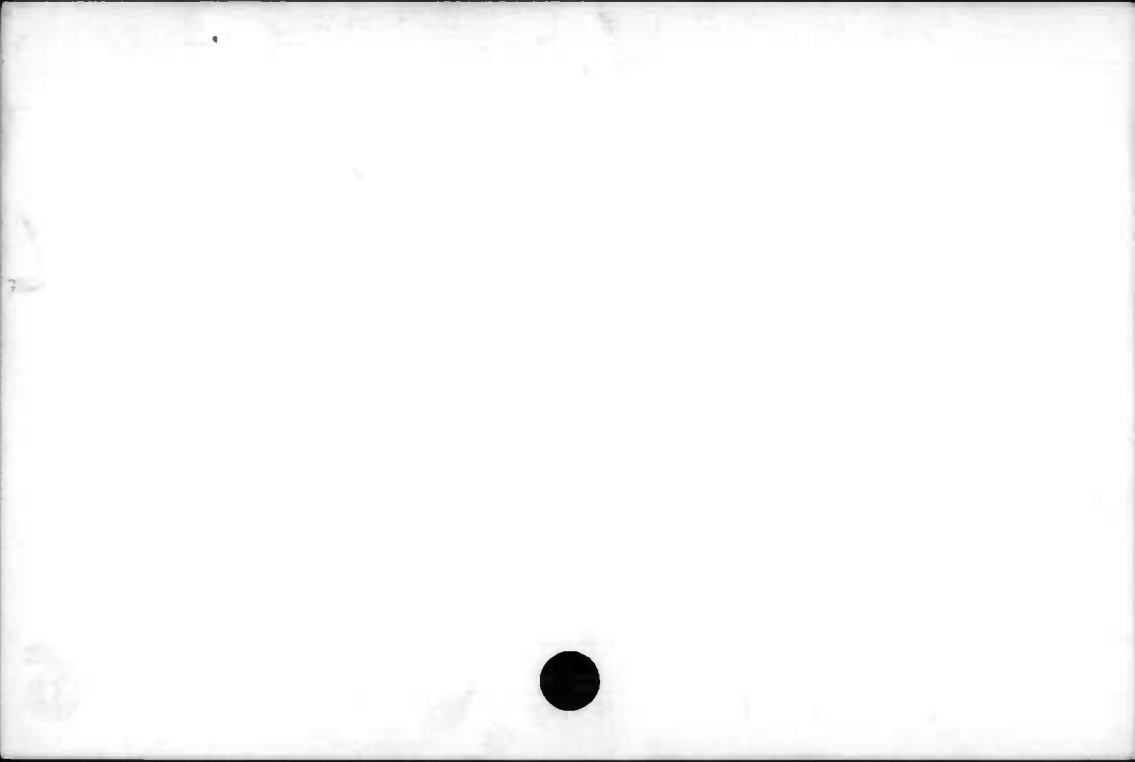
Primary *Cerebral hemorrhage* How long *6 days*

Immediate *Exhaustion* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Abraham Shank*

Address *Clearspring, Md.*

~~Accident or Suicide?~~



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jack Hall*  
Died at *Snaders Landing* *Utah*  
Town County

MARYLAND

Date of death 190 *3* *July* *10* Age *about 10*  
Month Day Years Months Days

Sex *male* Color or Race *Colored* Birth-place *Don't know*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *Don't know*

Father's Name *Don't know*

Father's Birthplace *Don't know*

Mother's Maiden Name *Don't know*

Mother's Birthplace *"*

Name of person giving information *Frank McManey*

How related to deceased *"*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Accidental drowning*

How long *—*

Immediate

How long *—*

Are the name, age, sex, color, date and place correctly given above? *Unknown*

Signature of Physician

Address

*E. M. Guntt*  
*Chambersburg, Ind.*

Accident or Suicide?

Eugene Marker.  
Undertaker.

Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs. Florence Isabel Hawthorne

Town Steelton County Dauphin Penna.  
MARYLAND

Died at Steelton

Date of death 190 3 Month July Day 8 Age 33 Years 4 Months 5 Days

Sex female Color or Race white Birth-place Md.

Married, Single or Widowed married Occupation H.W.

Name of Wife or Husband Theodore Hawthorne

Father's Name Grant Wilson Father's Birthplace Md.

Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace \_\_\_\_\_

Name of person giving information Theo. Hawthorne How related to deceased Husband.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

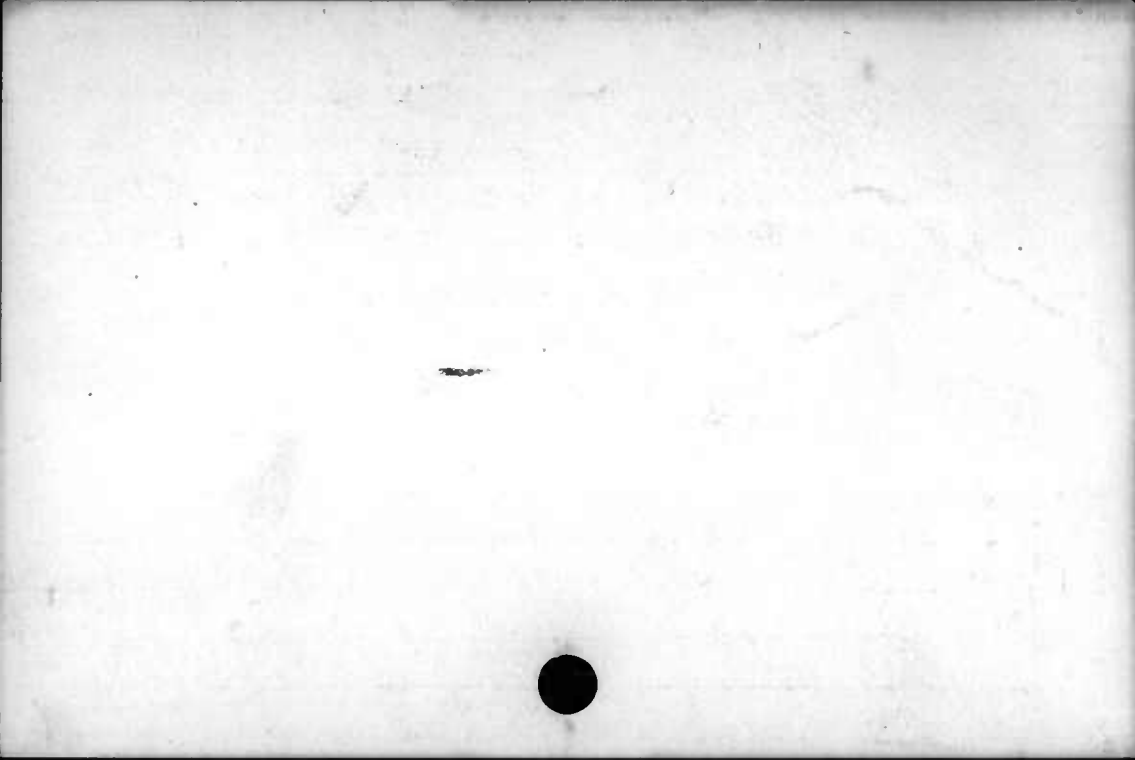
Primary Bronch & Pneumonia How long 1 week.

Immediate Angina Pectoris How long \_\_\_\_\_

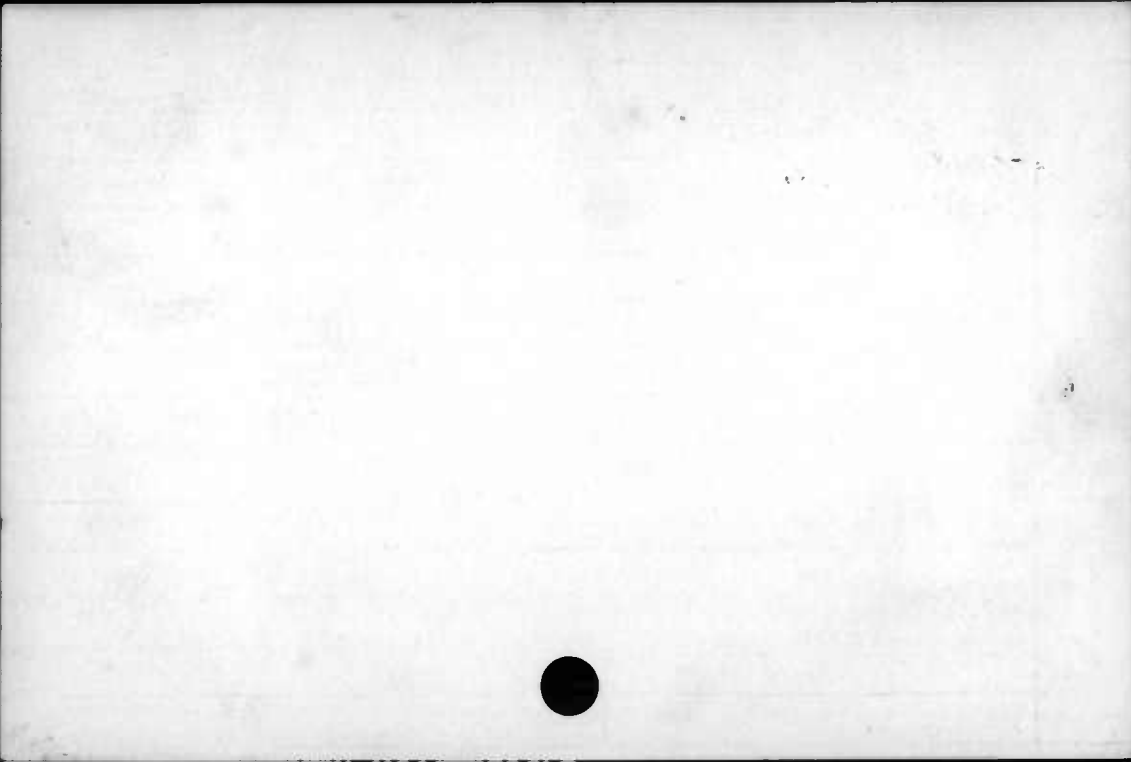
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas. J. Ter Funeral Director  
Address Hagerstown,  
Md.

Accident or Suicide? \_\_\_\_\_



Name in Full		Harry A. Heepner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 190		Month	Day	Years	Months	Days
	Sex		Color or Race		Birth-place		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Epithetious 44		How long about 4 yrs		
	Immediate		Exhaustion		How long " 1 year		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Wm. Preston Miller		
			Address		Hagerstown Md		
	Accident or Suicide?						





Name  
in  
Full

## CERTIFICATE OF DEATH

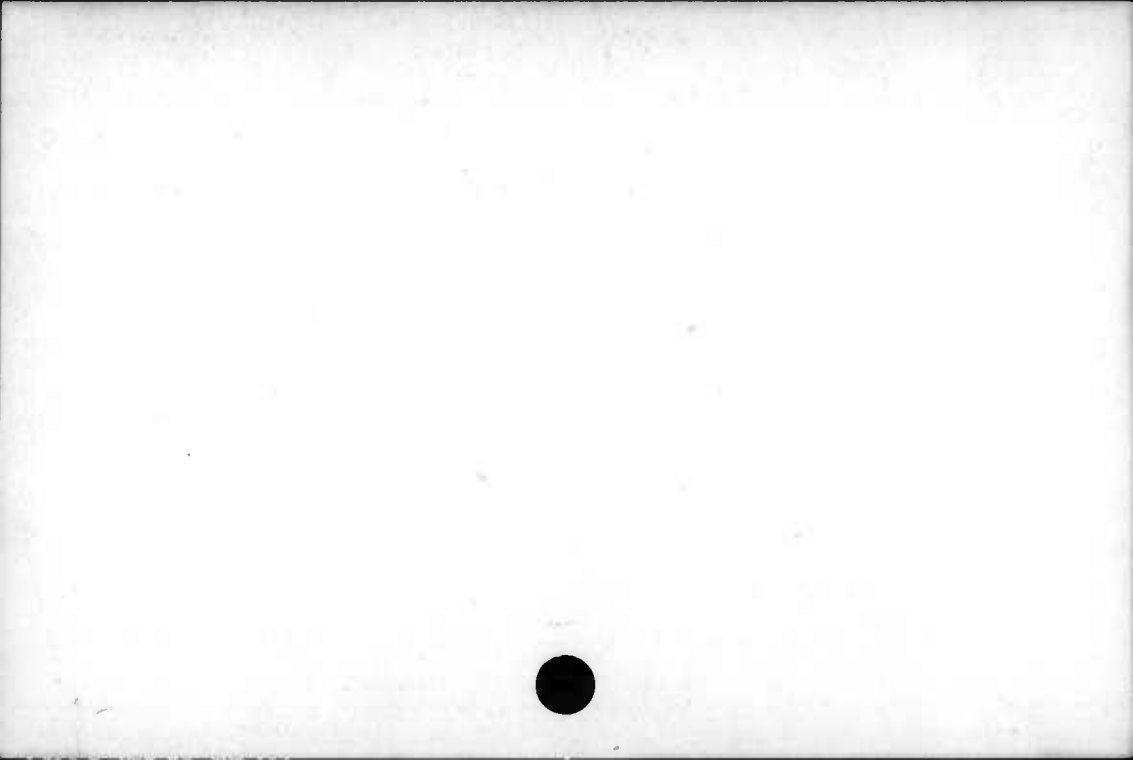
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Wash.</i>		County	
Date of death 190 <i>5</i>		Month <i>July</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>	Months <i>4</i>
Married, Single or Widowed <i>single</i>		Occupation <i>Child</i>		Days <i>23</i>	
Name of Wife or Husband <i>—</i>					
Father's Name <i>Jerry Henesey</i>				Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Janie Tedwick</i>				Mother's Birthplace <i>"</i>	
Name of person giving information <i>Jerry Henesey</i>				How related to deceased <i>father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute indigestion</i>	How long <i>One day</i>
Immediate <i>Acute indigestion 151</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	Address <i>Chas. B. Boyle M.D.</i>
Accident or Suicide? <i>—</i>	<i>Hagerstown, Md.</i>



### Certificate of Death

Mary Jane Hayden

Died at *Hedeston* *Washington* MARYLAND

Date 19		Month	Day	Y.	M.	D.	Native of	Occupation
Male	7	19	Age	3			Ind	
Female	White	Married	Widow	Divorced				
	Colored	Singla	Widower	Number of children living				

Husband of

Wife

Father's Name *William H. Adams* Mother's Maiden Name *Lara Rohrbach*

Cause of Primary *Malassimilation*

How long sick  
2 month

Death	Immediate	<i>Engraving</i>
-------	-----------	------------------

Accident, Suicide, Homicide

Reported by *C. L. Tourner, M. D.*

Address 1775 17th St NW Washington, D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H. A.



Name in Full

Certificate of Death

*Bessie May Higdon*  
 Died at *Keef* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date 19*03* <sup>Month</sup> *7* <sup>Day</sup> *26* <sup>Y.</sup> *3* <sup>M.</sup> *3* <sup>D.</sup> *md* <sup>Native of</sup> <sup>Occupation</sup> *md*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *md*

Husband of *William Higdon*  
 Wife *Blara Rohback*  
 Father's Name *William Higdon* Mother's Maiden Name *Blara Rohback*

Cause of Death { Primary *Malnutrition* Immediate *Quarantined* } <sup>How long sick</sup> *2 months*  
 { *15* } <sup>Accident, Suicide, Homicide</sup>

Reported by *J. J. Yonster, M.D.*  
 Address *Brownsville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *M. ob*



Name  
in  
Full

CERTIFICATE OF DEATH

Infant son of Mrs. Lizzie Hoover

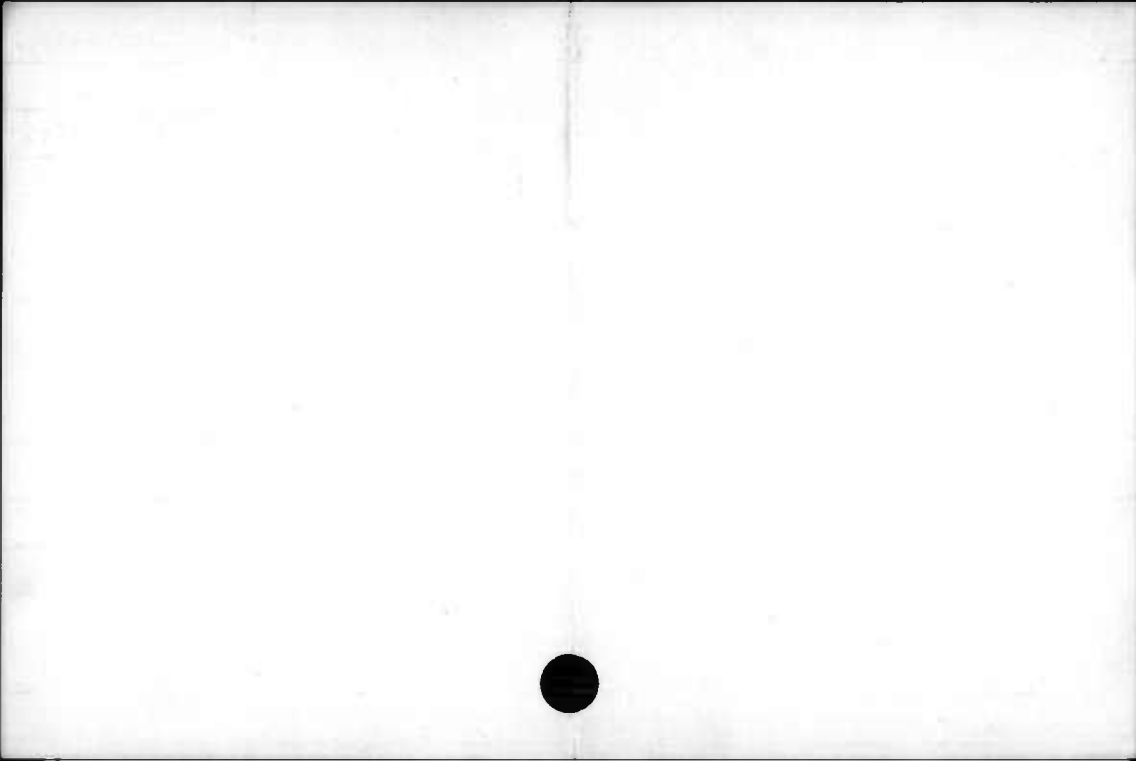
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ringgold</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>1903</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>20</u> <small>Years</small>	Age	<u>20</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ringgold</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Concussion of Brain</u>	How long	<u>166</u>
Immediate	<u>Convulsions</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>J. Z. Amberson</u>	
		Address <u>130 W. Main St -</u> <u>Waynesboro Pa</u>	
Accident or Suicide?			





Name

in Full

## CERTIFICATE OF DEATH

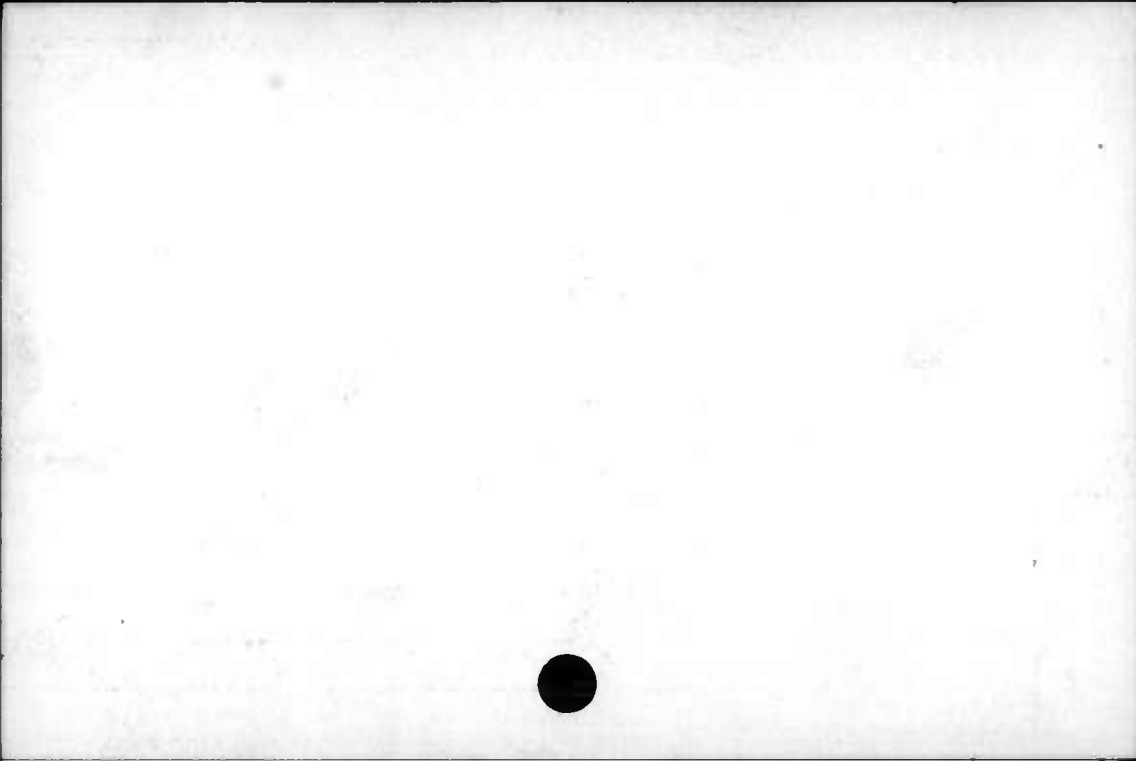
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hayrestown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i> <sup>Month</sup> <i>July</i>	<i>3</i> <sup>Day</sup>	Age <i>3</i> <sup>Years</sup>	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>John Houston</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Hattie Lyons</i>		Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Hattie Lyons</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Still Born</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. K. Coffman</i>
	Address <i>Hayrestown Md</i>
Accident or Suicide?	<i>Undertaker</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

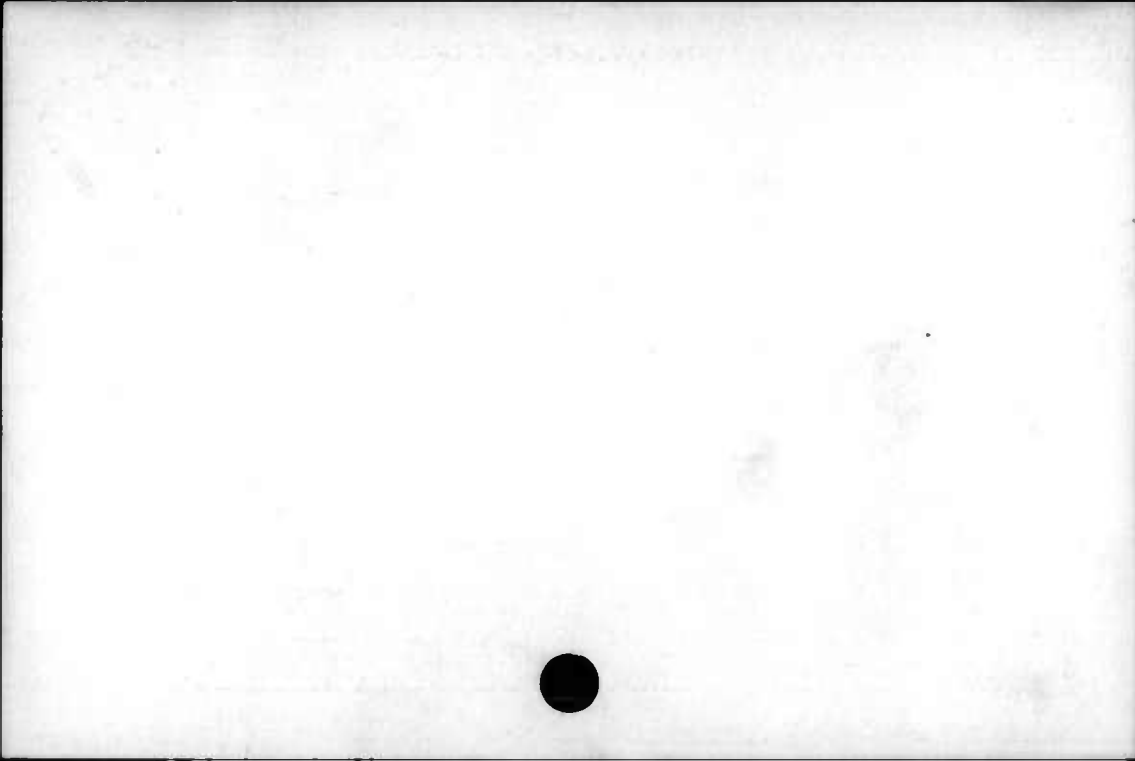
TO BE ANSWERED BY  
NEAREST FRIEND

Name Werson S Jones  
 Died at Haystack <sup>Town</sup> Washington <sup>County</sup> MARYLAND  
 Date of death 1903 <sup>Month</sup> July <sup>Day</sup> 21 <sup>Years</sup> 21 <sup>Months</sup> 11 <sup>Days</sup>  
 Sex Male Color or Race White Birth-place Va  
 Married, Single or Widowed Married Occupation Carpenter  
 Name of Wife or Husband Sarah A House  
 Father's Name James Jones Father's Birthplace Va  
 Mother's Maiden Name Sarah Webb Mother's Birthplace  
 Name of person giving information John S Jones How related to deceased Son

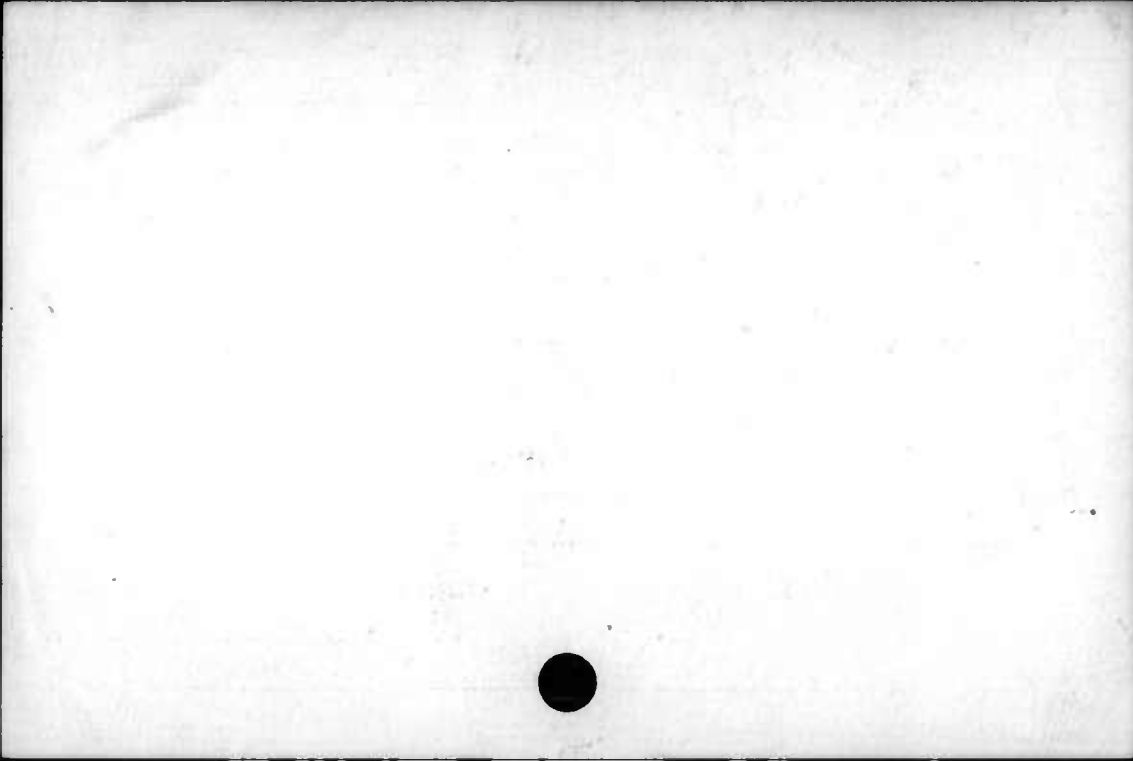
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Heart Troubling How long  
 Immediate LL How long  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician E C Starkham  
 Address 1249 210 Town  
 Accident or Suicide? no



Name in Full <b>Susan A Jones.</b>		CERTIFICATE OF DEATH	
Died at <b>Zittiestown</b> <sup>Town</sup> <b>Washington</b> <sup>County</sup>		MARYLAND	
Date of death 190 <b>3</b> <sup>Month</sup> <b>July</b> <sup>Day</sup> <b>16</b> <sup>Years</sup> <b>Age 30</b> <sup>Months</sup> <b>one</b> <sup>Days</sup> <b>10</b>			
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Appleton</b>	
Married <b>Yes</b>	Occupation <b>Housewife</b>		
Name of Wife or Husband <b>George Jones</b>			
Father's Name <b>Christian Easterday</b>		Father's Birthplace <b>Wash. Co</b>	
Mother's Maiden Name <b>Angela J. Hunt</b>		Mother's Birthplace <b>" "</b>	
Name of person giving information <b>George Jones</b>		How related to deceased <b>Husband</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Phthisis -</b>	How long <b>2 yrs -</b>	
	<b>Gen. Debility</b>	How long <b>27</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>S. S. Davis</b>	
		Address <b>Bonabond Md.</b>	
Accident or Suicide?			



### CERTIFICATE OF DEATH

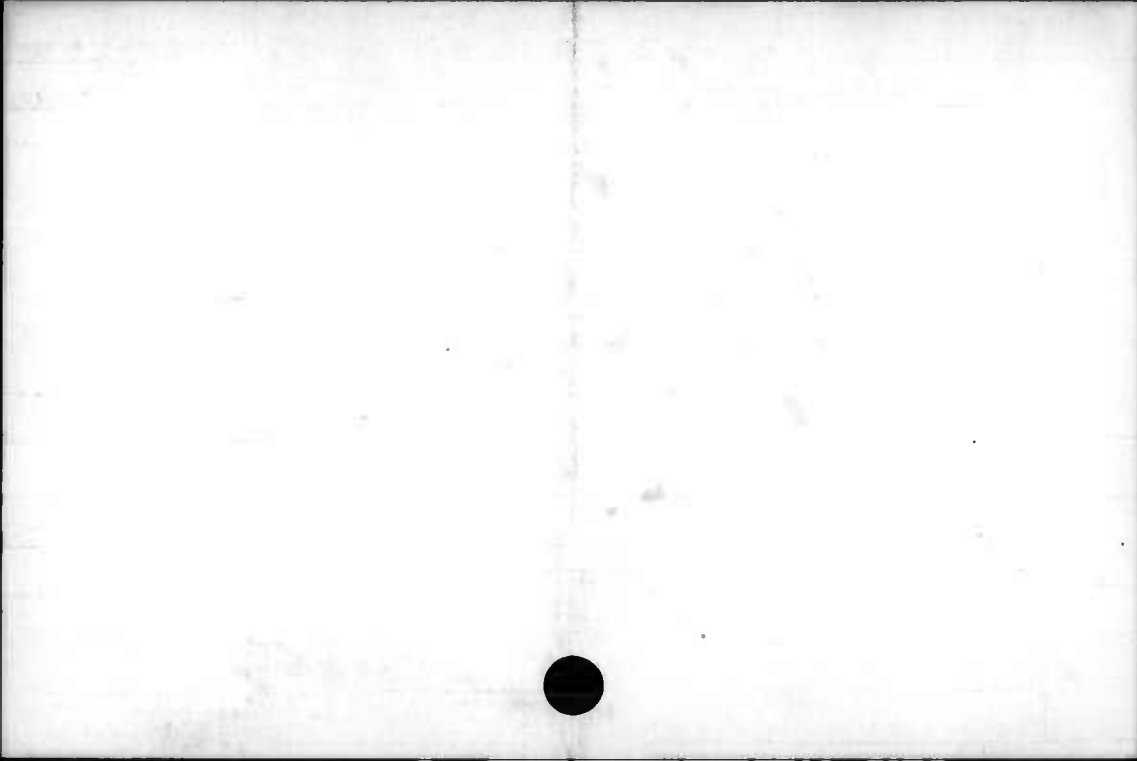
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <i>Ringgold</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1903 July</i>	Month <i>July</i>	Day <i>12</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Where Residing if not place of death <i>Ringgold</i>		Days <i>7</i>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Homer Gustin</i>		Father's Birthplace <i>Ringgold</i>			
Mother's Maiden Name <i>Ellen Adellesparger</i>		Mother's Birthplace <i>Ringgold</i>			
Name of person giving Information <i>A. H. Newcomer</i>		How related deceased <i>none</i>			

### CAUSES OF DEATH

Primary	Tetanus	How long	4 days sick
Immediate	Tetanus	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Koons M.D.
		Address	Waynesboro Penn
Accident or Suicide?	no		





Name  
in  
Full

Sophia E. Keedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Boonsboro		County Washington		MARYLAND	
Date of death 1903		Month July	Day 32d	Age 73		Months	Days
Sex Female		Color or Race White		Birth- place Washington Co			
Married, Single or Widowed		Married		Occupation			
Name <del>of wife</del> Joseph E. Keedy - Husband							
Father's Name Samuel C. Coffer				Father's Birthplace Wash Co			
Mother's Maiden Name Sophia Huffer				Mother's Birthplace Wash Co			
Name of person giving In formation Joseph E. Keedy				How related to deceased Husband			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Asthma		How long		79 1 hour -	
Immediate		Cardiac paralysis -		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. B. Wheeler & Son	
				Address		Boonsboro	
Accident or Suicide?						Mary Keedy	



Name  
in  
Full

## CERTIFICATE OF DEATH

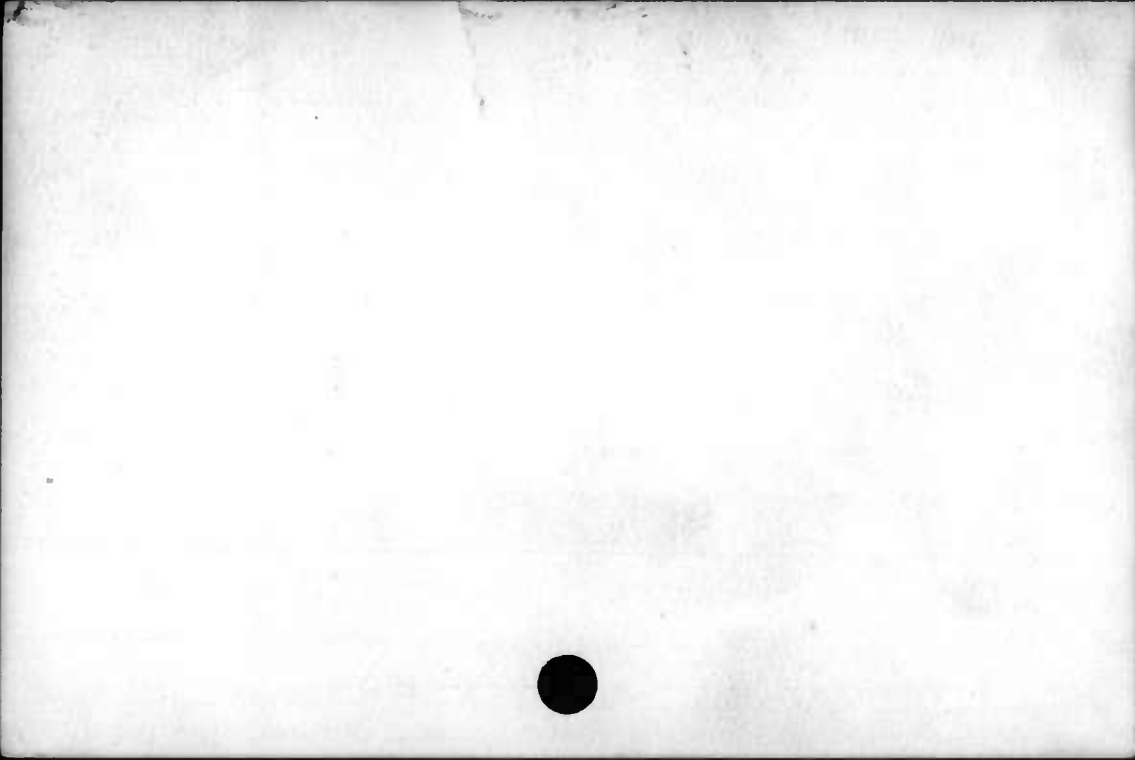
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Isabella Lawson</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>10</i>		Age <i>90</i>	
Date of death 1903		Years		Months		Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Married, Single or Widowed <i>widow</i>		Occupation <i>H.W.</i>					
Name of Wife or Husband <i>John Lawson</i>							
Father's Name <i>Wm Mc Cardell</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Margaret Powles</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs. Keller</i>		How related to deceased <i>Niece</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fracture of neck of femur</i>		How long <i>About three years ago.</i>	
Immediate <i>Renal, intestinal &amp; gastric hemorrhage</i>		How long <i>About one week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. W. Hummichon</i>	
		Address <i>Hagerstown, Md.</i>	
<del>Accident or Suicide?</del>			



Name in Full

Certificate of Death

Lewis G. Lecron

Town

County

Died at

Leitersburg

Washington

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 17<sup>th</sup> Age 69 8 17

Perma Hammer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Barbara L. Lecron

Wife

Father's

Name

Samuel Lecron

Mother's

Maiden Name

Mary Dili Hunt

Cause of

Primary

Bronchitis

How long sick

4 weeks

Death

Immediate

Pericarditis

Accident, Suicide, Homicide

Reported by

J. H. Wishard M.D.

Address

Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79888



Name In Full

Certificate of Death

Ella Malone

Town

Eakles Mill

County

Washington

MARYLAND

Died at

Date 1903

Month

7

Day

19

Y

Age 33

M.

D.

Native of

Md.

Occupation

Domestic

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Father's  
Name

Benj Malone

Mother's

Maiden Name

Ellen Keets

Cause of

Primary

Do not know

How long sick

5 months

Death

Immediate

Tuberculosis

~~Accident, Suicide, Homicide~~

Reported by

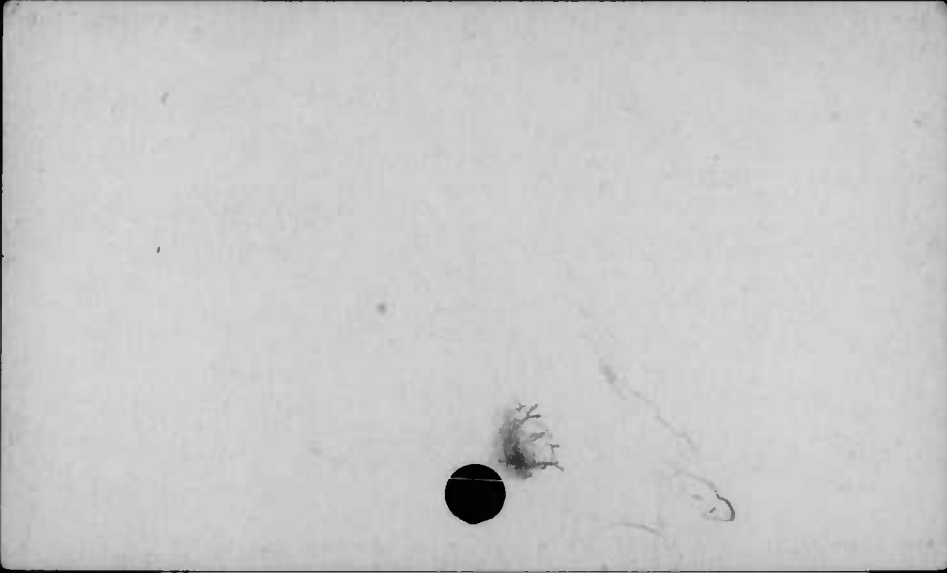
H. M. Nihiser

Address

Hedgesville Md

27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Mrs Mary Malone

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Leagertown* <sup>County</sup> *Wash.* **MARYLAND**Date of death 190 <sup>Month</sup> *July* <sup>Day</sup> *16* <sup>Years</sup> *63* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *female* Color or Race *white* Birth-place *Ireland.*Married, Single or Widowed *widow* Occupation *He W.*Name of Wife or Husband *Lough Malone*Father's Name *Patrick Kelley* Father's Birthplace *Ireland.*Mother's Maiden Name *Sarah Mooney* Mother's Birthplace *"*Name of person giving information *Bessie Malone* How related to deceased *daughter.*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Tuberculosis —* How long *—*Immediate *Exhaustion* How long *—*

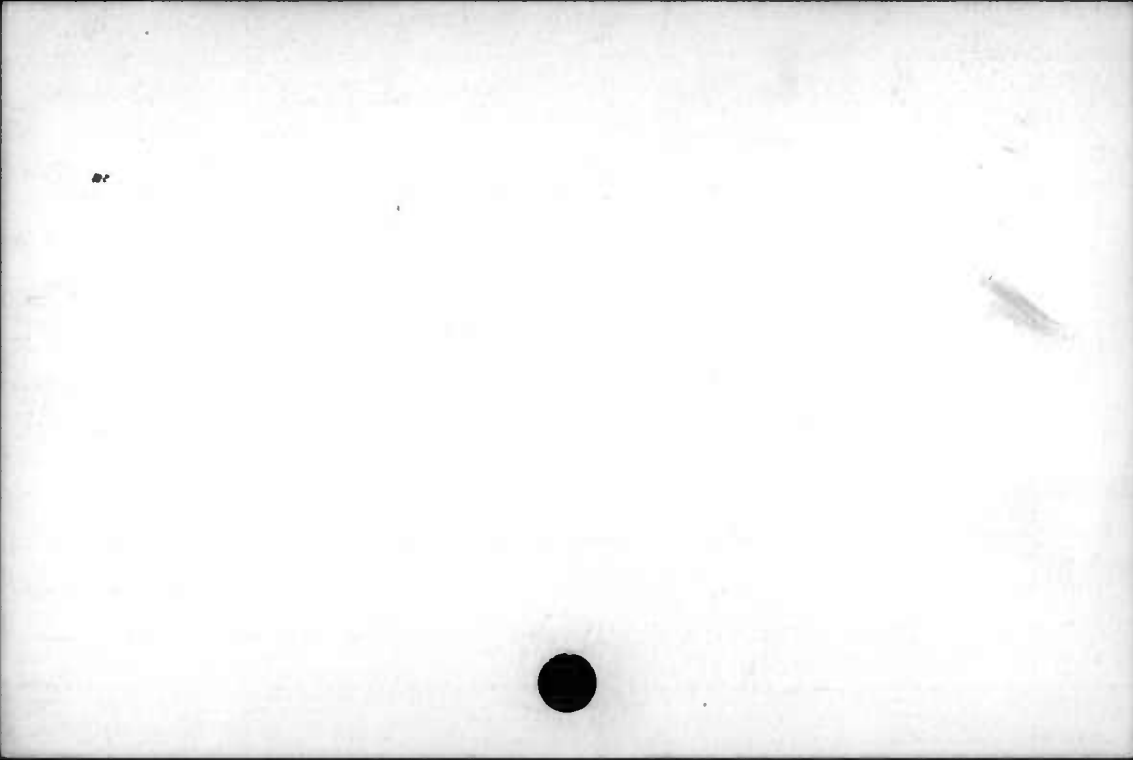
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*E. C. Maclellan*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Indian Spring

Town

Washington

County

MARYLAND

Date

of death 1903

Month

July

Day

18

Age

Years

Months

3

Days

Sex

Boy

Color or  
Race

White

Birth-  
place

Indian Spring

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Joe Martin

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Kate Mills 105

Mother's  
Birthplace

Ind.

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Cholera Infantum

How long

6 days

Immediate

11

11

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. H. C. Foster  
Charespring, Ind.PHYSICIAN  
OR CORONER

Accident or Suicide?



### Certificate of Death

Town

County

MARYLAND

Date 12/03

Male

Month Day

9 2 1

Y. M. D.

Age 34 3 / 2

Native of

Occupation



White

Married

1000

~~Divorced~~

Number of children living

4

Husband of

~~Name~~ *Kenia Stump* ~~Mother's~~

Father's Name *George & Martin* Mother's Name

Mother's

Name

Catherine Fulton

[illegible]

How long sick

Death	Immediate
-------	-----------

Downing

122 ✓

Accident, ~~Swindle~~, ~~Homicide~~

Reported by

Dr. J. W. Stock

Address Amherstburg Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 75009



Name In Full

Certificate of Death

Clement H. Mayhew

Town

County

Died at

Hagerstown Washington

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

7 18

Age

69 2 11

Pa

Sailor

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Francis Mayhew

Wife

Father's

Name

Mother's

Maiden Name

John Mayhew

Helena Surges

Cause of

Primary

Cramp Colic

How long sick

5- days

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

J. E. Pitsoogle M.D.

Address

Hagerstown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full		Sophia Mentzer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Smithsburg		<sup>County</sup> Washington		MARYLAND	
		Date of death 1903		Month 7 <sup>th</sup> Day 5 <sup>th</sup>		Years 78	
		Sex Female		Color or Race white		Birth-place Foxville	
		Married, Single or Widowed Widowed		Occupation House wife			
		Name of Wife or Husband Jacob Mentzer					
		Father's Name Jacob Kidenour		Father's Birthplace			
		Mother's Maiden Name Elizabeth Long		Mother's Birthplace			
		Name of person giving information Laura Lunn		How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary General debility				How long One year	
						How long 154	
		Immediate					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician None in attendance	
						Address	
		Accident or Suicide?					



Name In Full *Richard Elwood Moot* Certificate of Death

*MOAT*

Died at *Hancock* Town *Washington* County *MARYLAND*

Date 1909 *July 18* Month Day Age *10 dys* Y. M. D. Native of Occupation  
Male ☒ White ☐ Married ☐ Widow ☐ Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of *Mrs Clara Moot*  
Wife  
Father's Name Mother's Maiden Name

Cause of Death { Primary *Cholera Infantum* Immediate *Two Days* How long sick  
Accident, Suicide, Homicide

Reported by *J. E. Sligis* *105*

Address *Hancock, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Catharine V. Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190		Month <i>July</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>10</i>	Days <i>—</i>
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Married, Single or Widowed <i>single</i>				Occupation <i>Child.</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Upton C. Moore</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Ida V. Tedwick</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>W.C. Moore</i>				How related to deceased <i>father.</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stomach trouble</i>	How long
Immediate	<i>Convulsion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. A. Moore</i>
		Address <i>Hagerstown Md</i>
Accident or Suicide?		

2510  
1458  
—  
1052

Name  
in  
Full

## CERTIFICATE OF DEATH

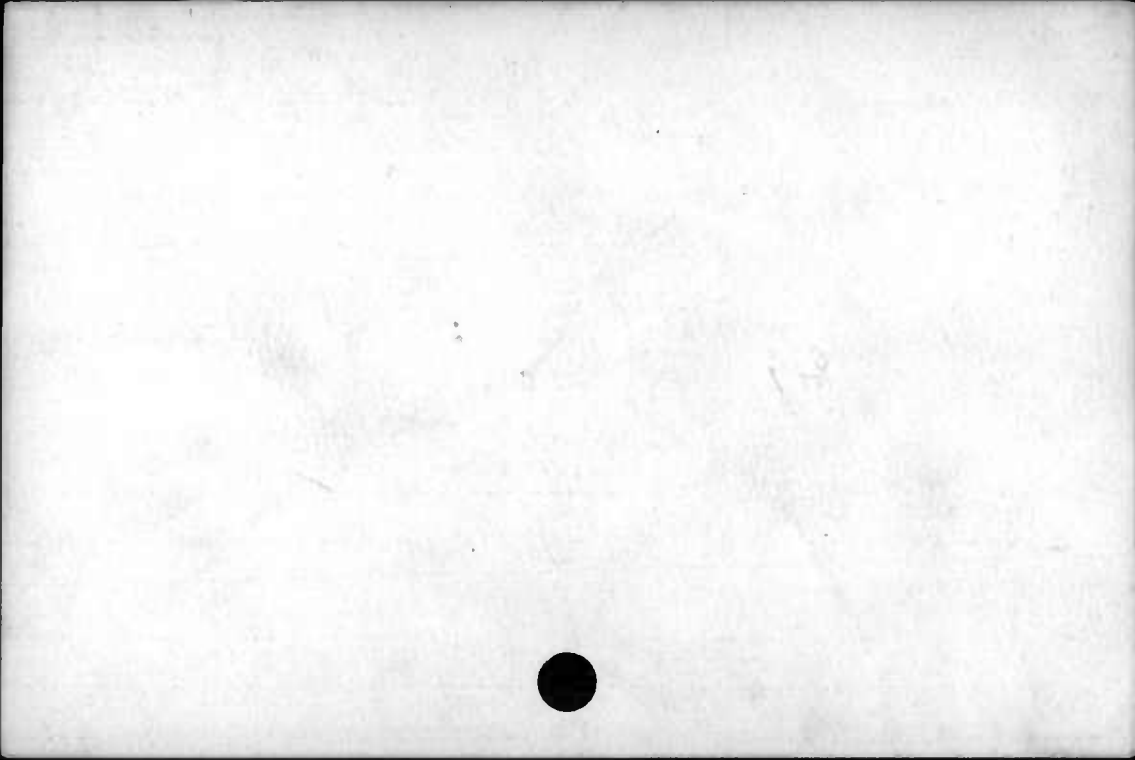
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Gennie Elizabeth Moore</i>		Town <i>Frankstown</i>		County <i>Washington</i>		MARYLAND									
Died at		Date of death 190 <i>3</i>		Month <i>7</i>		Day <i>— 28</i>		Age <i>— 1</i>		Years <i>—</i>		Months <i>2</i>		Days <i>12</i>	
Sex		Color or Race <i>White</i>		Birth-place <i>Frankstown</i>		Occupation		Married, Single or Widowed		Name of Wife or Husband		Father's Name <i>Samuel M. Moore</i>		Father's Birthplace <i>Frankstown</i>	
Mother's Maiden Name <i>Abby Hershman</i>		Mother's Birthplace <i>Frankstown</i>		Name of person giving information		How related to deceased									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long <i>105</i>	
Immediate <i>Chorea</i>		How long <i>8 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. J. Henning</i>	
		Address <i>Frankstown</i>	
Accident or Suicide?			





Name  
in  
Full

Elizabeth L. Moxley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Consumption	2 years
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
no Physician employed	Address
Accident or Suicide?	

300

)



Name In Full

Certificate of Death

Nelson

Died at Sand Hook <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date 1903 <sup>Month</sup> July <sup>Day</sup> 25 <sup>Y.</sup> 1 <sup>M.</sup> mon <sup>D.</sup>  <sup>Native of</sup>  <sup>Occupation</sup>

Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ Single Widower Number of children living 7

Husband of   
 Wife

Father's Name Wm Nelson Jr Mother's Name Jennie A Nelson

Cause of Death Primary Intention Brain Fever Two days Accident, Suicide, Homicide

Reported by B. B. Ranson 61

Address Harpers Ferry

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

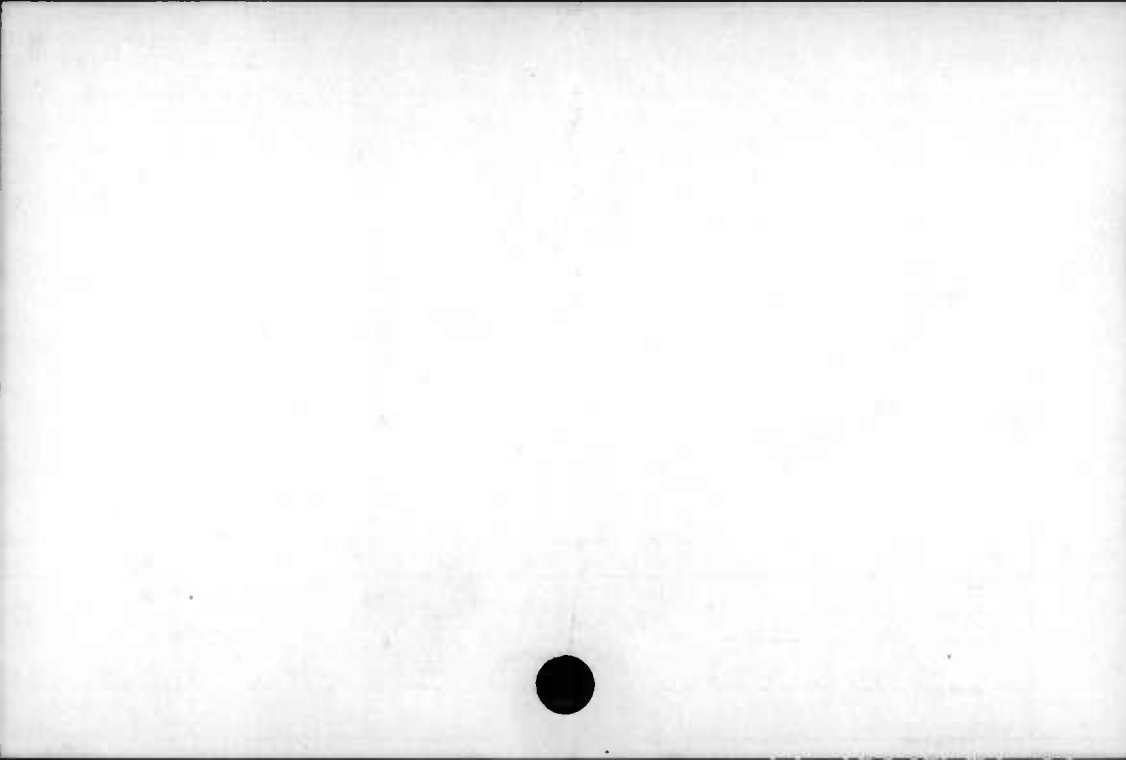
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Charlton</u> <sup>Town</sup> <u>Wash</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u> <sup>Month</sup> <u>July</u> <sup>Day</sup> <u>20</u> <sup>Years</sup> <u>85</u> <sup>Months</sup> <u>6</u> <sup>Days</sup> <u>14</u>	Sex <u>Female</u> Color or Race <u>White</u>	Birth-place <u>Pa</u>	
Married, Single or Widowed <u>Widow</u>	Occupation <u>Housewife</u>		
Name of Wife or Husband <u>Daniel Roth</u>			
Father's Name <u>Abram Sheep</u>	Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Nancy Coffman</u>	Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>Abram Roth</u>	How related to deceased <u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Paralysis</u>	How long <u>4 days</u>
Immediate <u>Exhaustion</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Heutz Bros Undertaker</u>
	Address <u>Clear Spring</u>
Accident or Suicide? <u></u>	



Not named.

- Row

Died <sup>Town</sup> near Keedville <sup>County</sup> Washington MARYLAND  
 Date 1903 <sup>Month</sup> 7 <sup>Day</sup> 5 <sup>Age</sup> 11 hours <sup>Native of</sup> Ind <sup>Occupation</sup> \_\_\_\_\_  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Deceased~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

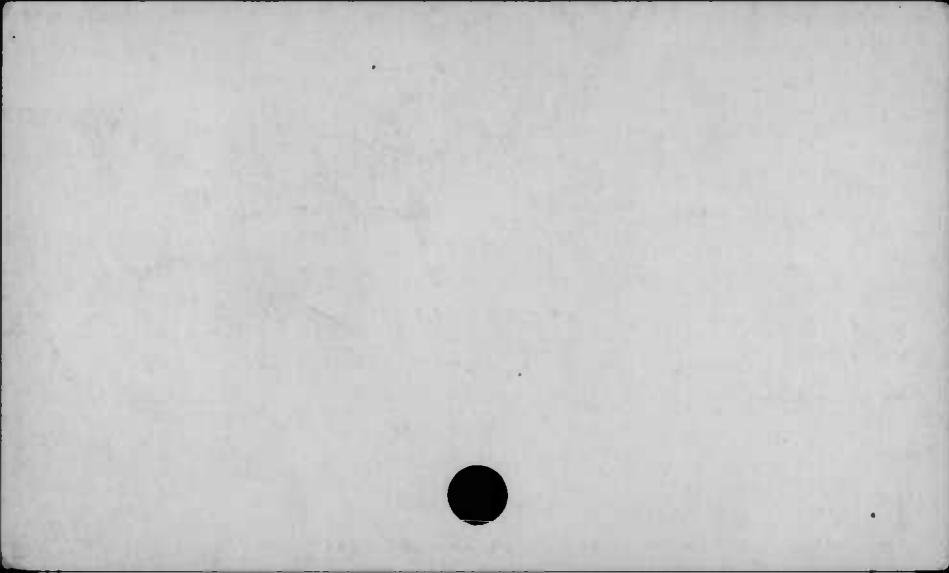
~~Wife~~  
 of \_\_\_\_\_

Father's Name William Row Mother's Maiden Name Annie Kountz

Cause of Death { Primary \_\_\_\_\_ ~~How long sick~~  
 Immediate Mitral Insufficiency ~~Accident, Suicide, Homicide~~

Reported by W. M. Kilmer

Address Keedville Ind





Name  
in  
Full

## CERTIFICATE OF DEATH

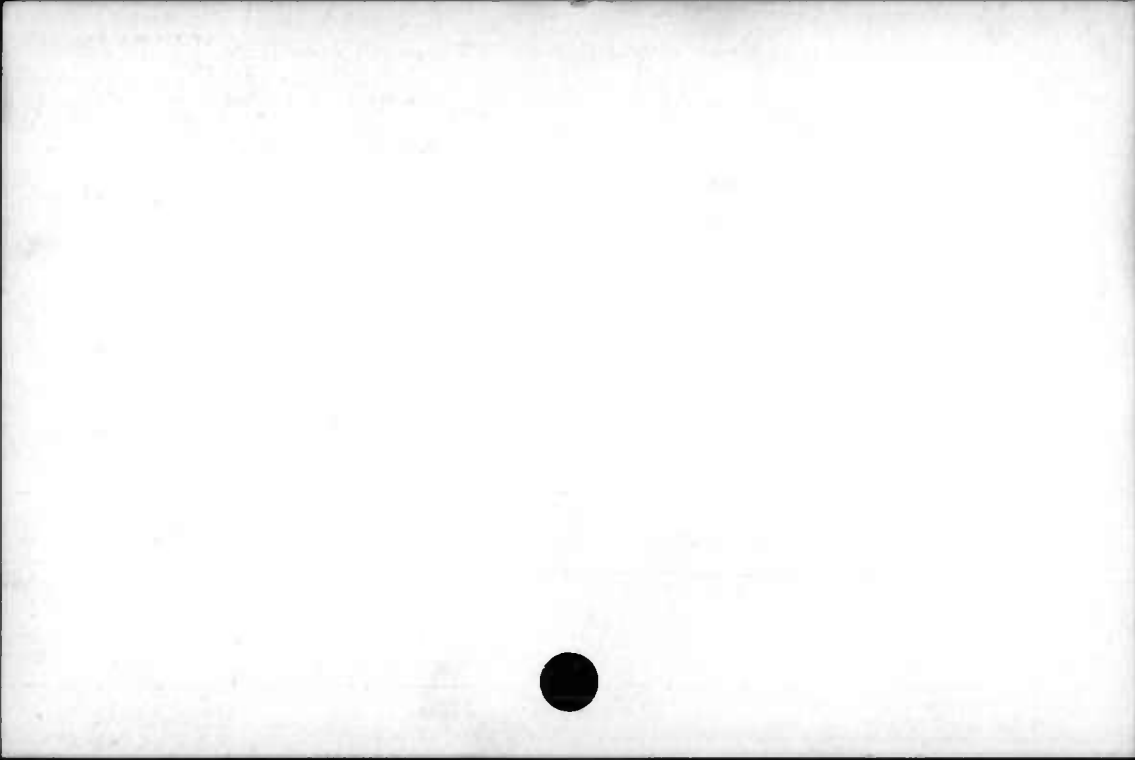
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Marcie Katharine Rummel</b>		Town <b>near Hagerstown</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Died at <b>near Hagerstown</b>		Month <b>7</b>		Day <b>2-2</b>		Years <b>—</b>	
Date of death 1903 <b>7</b>		Age <b>—</b>		Months <b>2</b>		Days <b>—</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Ind</b>			
Married, Single or Widowed <b>—</b>				Occupation <b>—</b>			
Name of Wife or Husband <b>Frederick S</b>							
Father's Name <b>Frederick S Rummel</b>				Father's Birthplace <b>Pa</b>			
Mother's Maiden Name <b>Minnie E Pike</b>				Mother's Birthplace <b>Pa</b>			
Name of person giving information <b>Frederick Rummel</b>				How related to deceased <b>Father</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Inanition 105</b>	How long	<b>2 mos.</b>
Immediate	<b>Acute Gastro-Enteric Infection</b>	How long	<b>36 hours.</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>		Signature of Physician <b>Dr. H. H. Hagerman</b>	
		Address <b>Hagerstown, Ind.</b>	
Accident or Suicide? <b>—</b>			



Name  
in  
Full

Mrs. Ellen S. Schriver

## CERTIFICATE OF DEATH

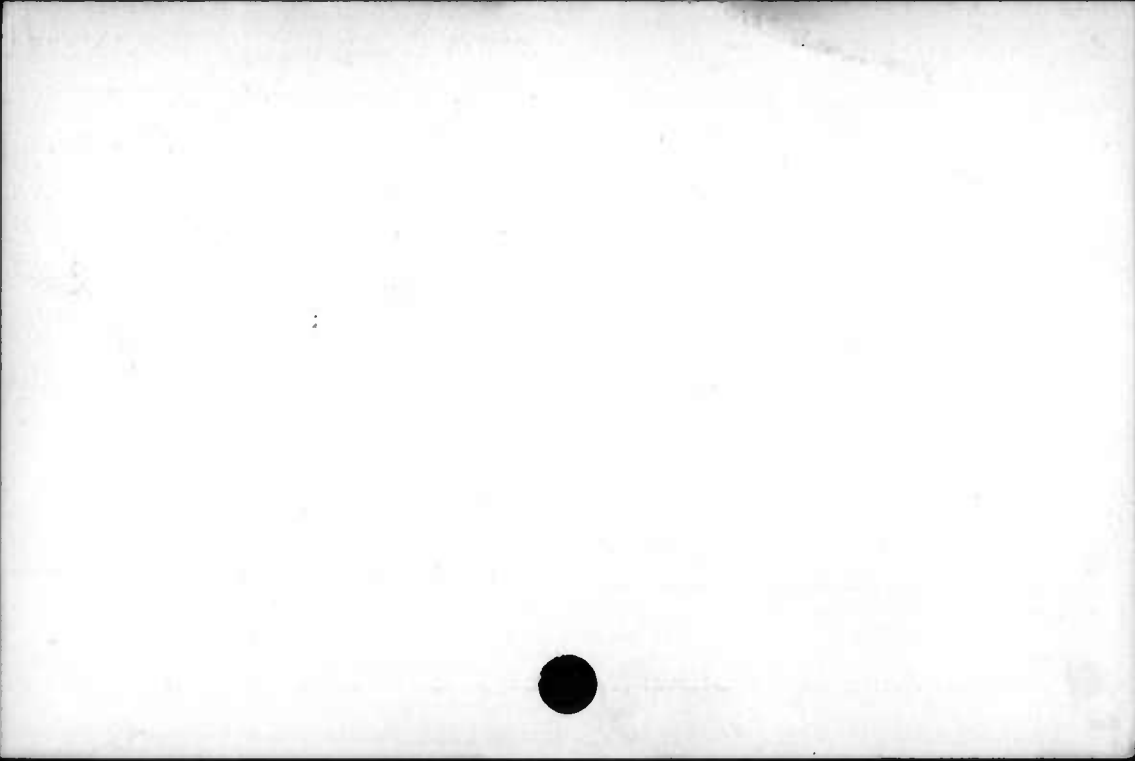
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death 190	3	Month July	Day 17	Age	62	Months 10	Days 17
Sex	female		Color or Race	white		Birth- place	Md.
Married, Single or Widowed	married			Occupation H. W.			
Name of Wife or Husband Henry Schriver							
Father's Name Henry Stonebraker				Father's Birthplace Md.			
Mother's Maiden Name Angelica Kersch				Mother's Birthplace "			
Name of person giving In formation Henry Schriver				How related to deceased husband.			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Epilepsy	How long	6 w.
Immediate	Emiplegia R. S.	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		M. Simmons M.D.	
Address		Hagerstown Maryland	
Accident or Suicide?		No	



Name In Full

Certificate of Death

Charles E Shadrach

Town

County

Died at Roxbury Washington

MARYLAND

Date 1903 July 27  
 Month Day Y. M. D.  
 Age 38 27  
 Native of County  
 Occupation Manager  
 Male ☒ Female ☒  
 White ☒ Colored ☒  
 Married ☒ Single ☒  
 Widower ☒  
 Number of children living Three

Husband of Amanda Shadrach  
 Wife of Michael Shadrach  
 Father's Name Mother's Name Sophie Shadrach

Cause of Death Primary Swallowing Poison  
 Immediate Corrosive Acting Acid  
 How long sick One hour  
 Accident, Suicide, Homicide ☒

Reported by A. G. Lovell M. D.  
 Address Bennington Md 155

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70003



Name

is Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John L. Smallwood*

Died at *Hagerstown* *Washington* County *MARYLAND*

Date of death 190*3* *July* *14* Age *62* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Ind*

Married, Single or Widowed *Widowed* Occupation *Machine Agent*

Name of Wife or Husband

Father's Name *Lerina Smallwood* Father's Birthplace *Ind*

Mother's Maiden Name *Anna Perry* Mother's Birthplace *Ind*

Name of person giving information *Peter Smallwood* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Myelitis* How long *1 yr*

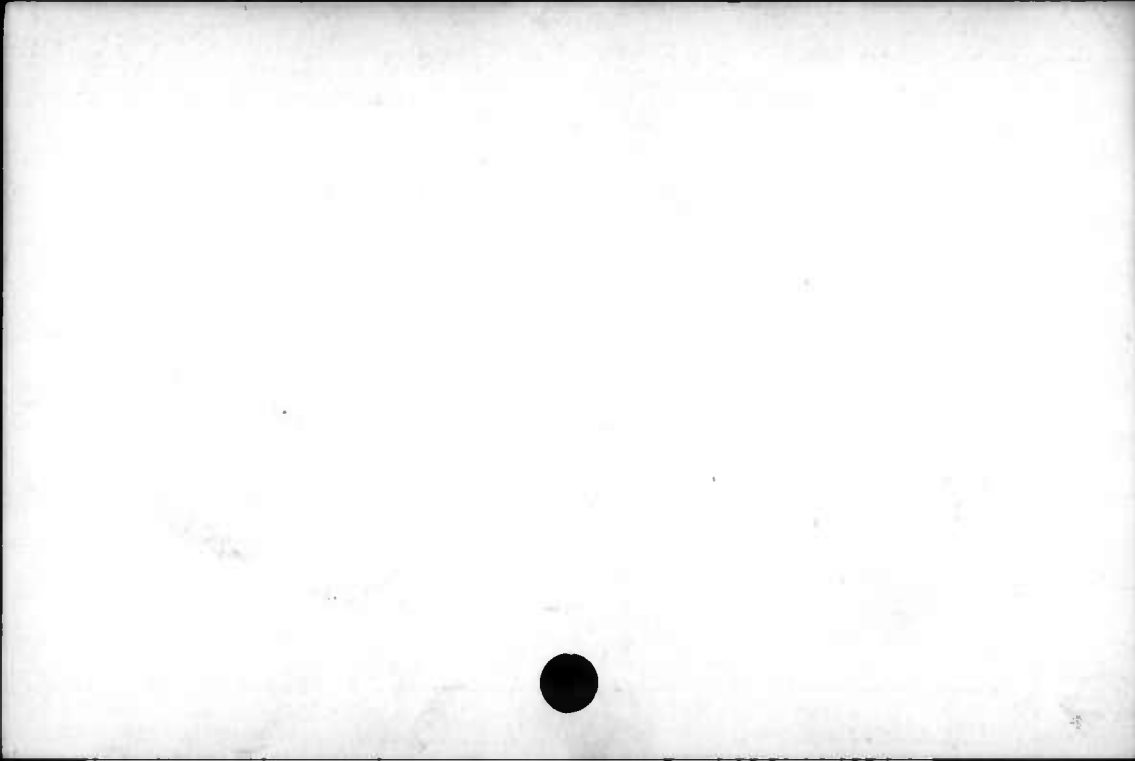
Immediate *Exhaustion* How long *1 mo*

Are the name, age, sex, color, date and place correctly given above? *Yrs*

Signature of Physician *Comp. Weston Miller*

Address *Hagerstown Ind*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

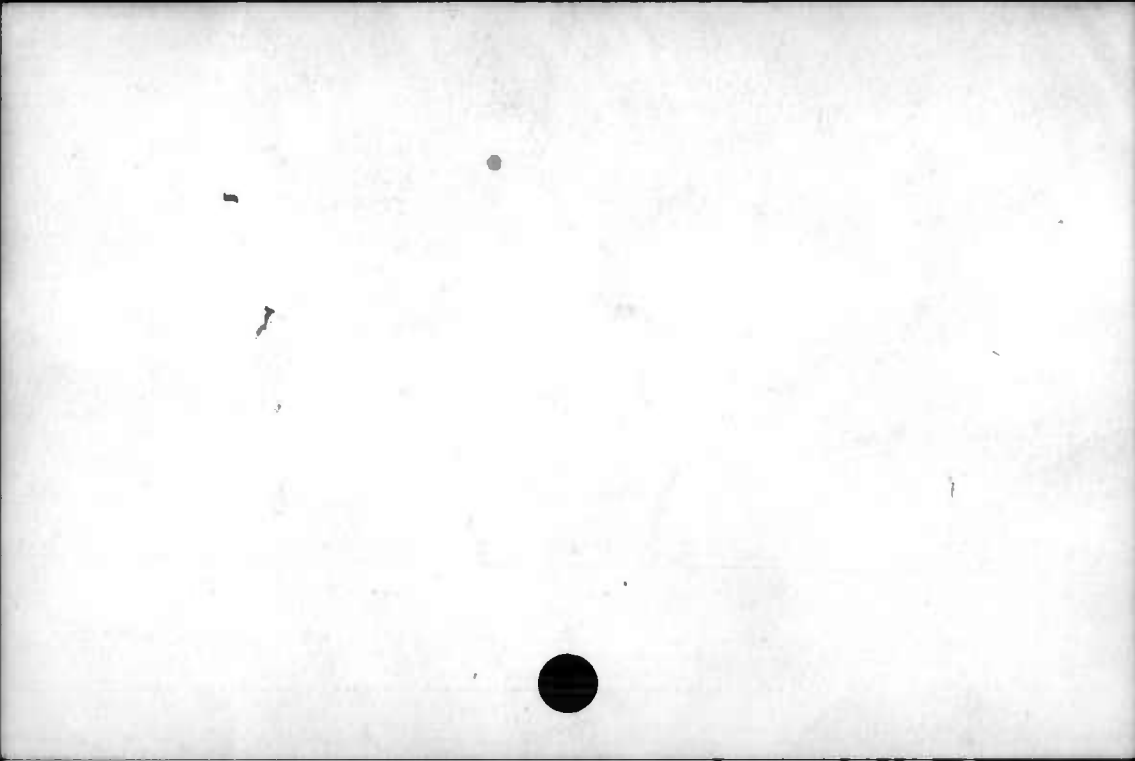
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Belmont</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>July</i>	Day <i>24</i>	Years <i>70</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hancock</i>		
Married, Single or Widowed			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>Don't Know</i>					
Father's Name <i>Don't Know</i>				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Mrs. Hager</i>				How related to deceased <i>Niece</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Senility</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W.B. Thomson</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

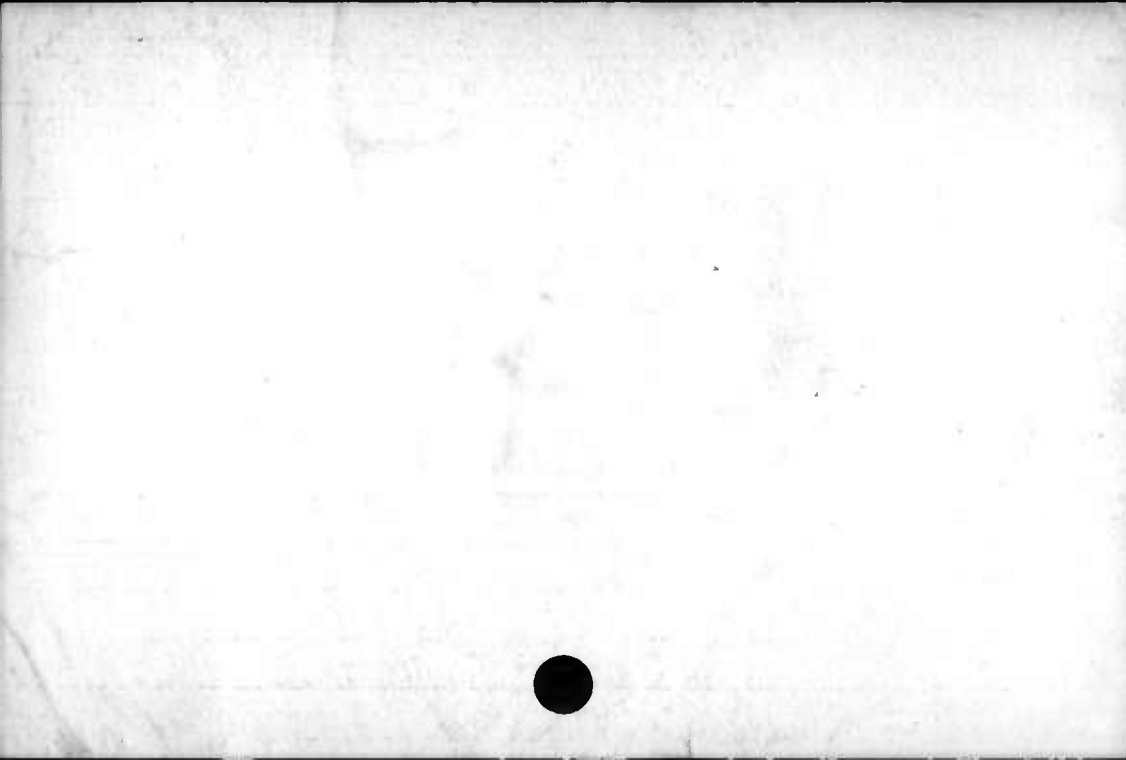
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Elisabeth Smith</i>		Town <i>Emmitsville</i>		County <i>Trachin, Ga</i>		MARYLAND	
Died at		Date of death 1903		Age		Months	
		Month <i>7</i>		Day <i>21</i>		Years <i>70</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Filgh man, Ga</i>		Months <i>10</i>	
Days <i>8</i>							
Married, Single or Widowed <i>Widow</i>				Occupation			
Name of Wife or Husband <i>Solomon Smith</i>							
Father's Name <i>Elas Moats</i>				Father's Birthplace			
Mother's Maiden Name <i>Rebecca Harburg</i>				Mother's Birthplace			
Name of person giving information <i>Mrs. Johns</i>				How related to deceased <i>sister</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile Dilatation of the heart</i>	How long	<i>79</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>V. M. Reichard</i>	
Address		<i>Hair play</i>	
Accident or Suicide?		<i>md.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

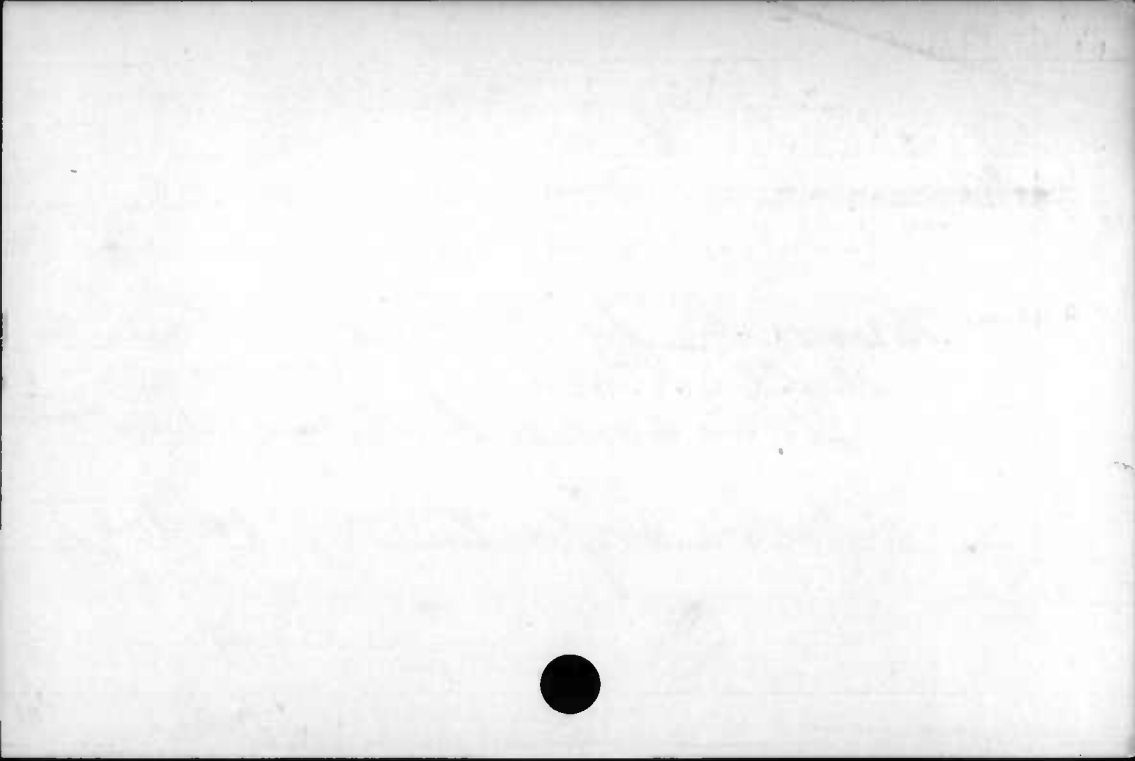
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death 190	3	Month	7	Day	6	Age	Years	Months	Days
Sex	Female		Color or Race	white		Birth- place	M		
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name				Samuel Snyder				Father's Birthplace	
Mother's Maiden Name				Kate Stitzell				Mother's Birthplace	
Name of person giving In formation				Father				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still born		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Abraham Shank		
	Address		
	Clearspring		
	Washington Co. Md.		
Accident or Suicide?			



Name In Full

Certificate of Death

Arthur Spellman Jr

Town

County

Died at

MARYLAND

Edgemont Reservoir Wash.

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

7 31

Age

24 - -

N. Carolina Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

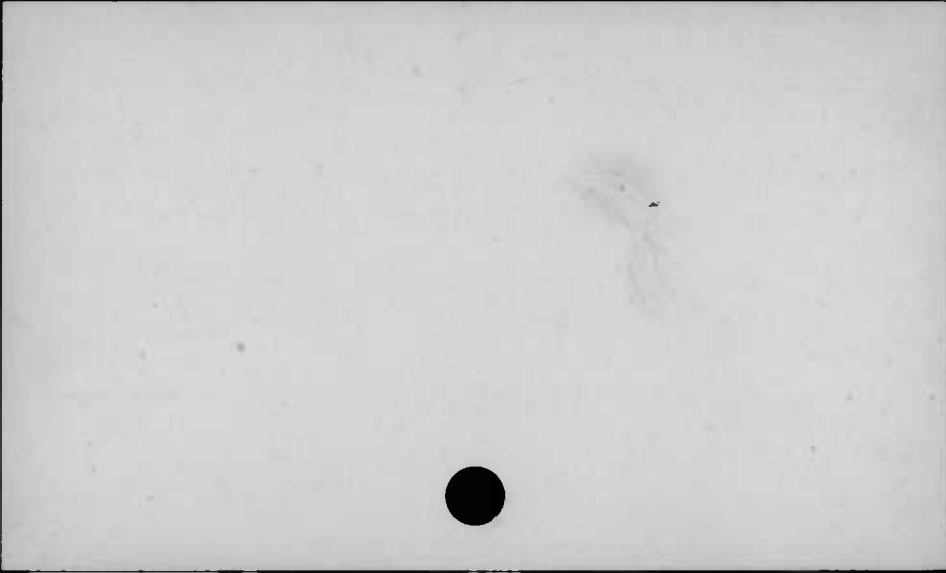
Immediate

Accident, ~~Swindle~~, Homicide

Reported by

Address

Dr. Steck  
Annapolis Md.





Name  
in  
FullCherry Tree, Sprickan  
Town

County

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date of death 27 1903

Month

July

Day

17

Age

Years

Months

Days

8

Sex

Male

Color or  
Race

White-

Birth-  
place

Maryland

Married, Single  
or Widowed

Single

Occupation

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

Nellie Sprickan

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Marasmus -

How long

Immediate

Marasmus

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes -

Signature of  
Physician

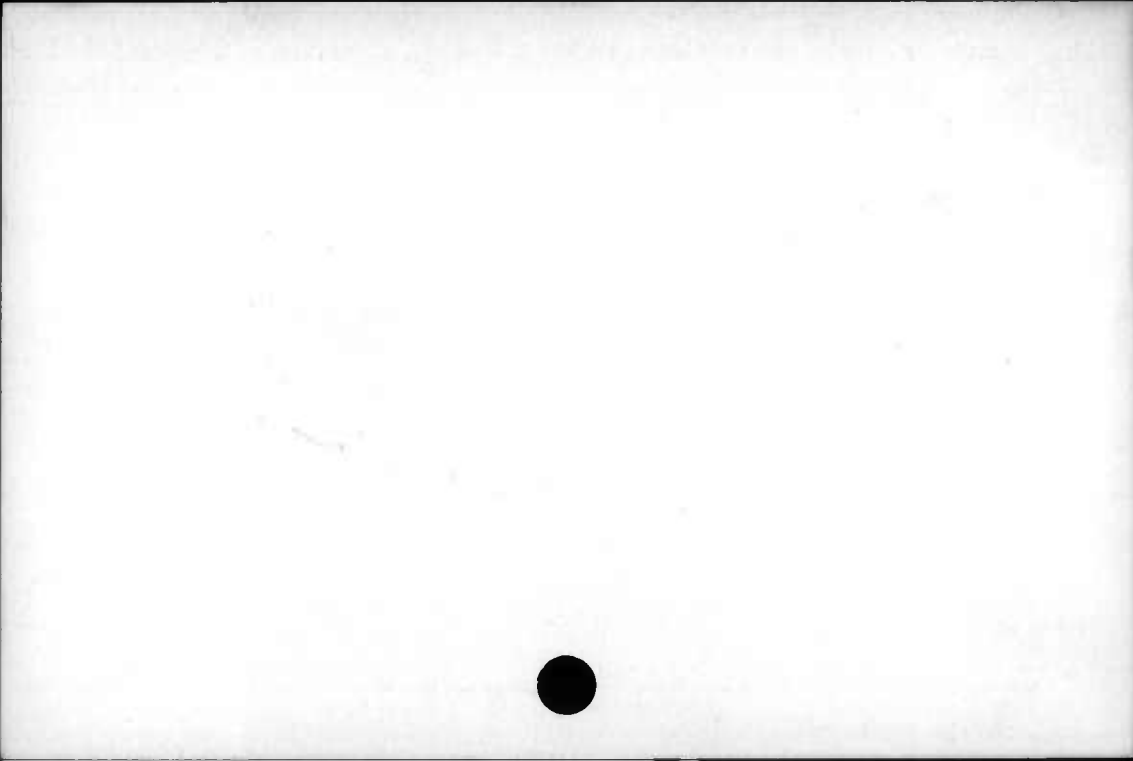
Address

105

Chas. B. Bly M.D.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth Stone

## CERTIFICATE OF DEATH

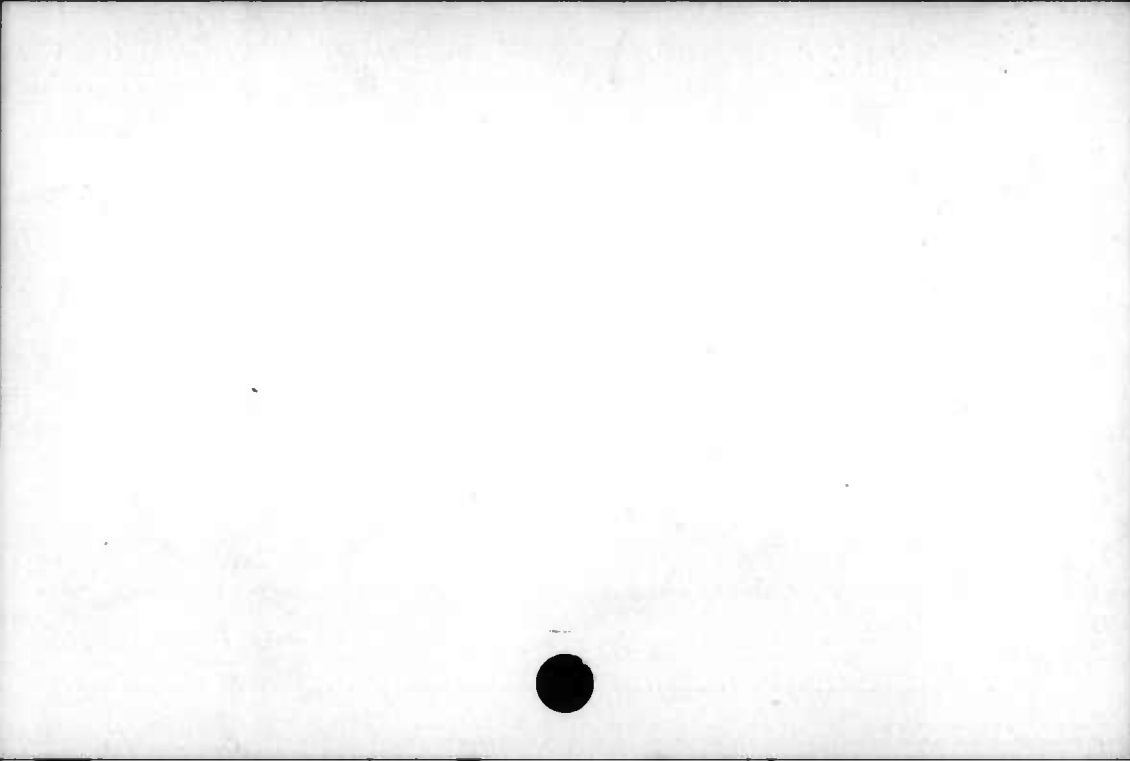
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Appleton</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>July</i> <sup>Month</sup>	<i>24</i> <sup>Day</sup>	Age <i>79</i> <sup>Years</sup>	<i>8</i> <sup>Months</sup>	<i>9</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>New Virginia</i>		
Married, Single or Widowed <i>Never married</i>			Occupation <i>- - - - -</i>		
Name of Wife or Husband <i>- - - - -</i>					
Father's Name <i>David Stone</i>			Father's Birthplace <i>cannot tell</i>		
Mother's Maiden Name <i>Catherine Stone</i>			Mother's Birthplace <i>cannot tell</i>		
Name of person giving information <i>Vinton G. Eakle</i>			How related to deceased <i>Great Aunt</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>General debility</i>	<i>1.54</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	How long <i>About 1 year</i>
Signature of Physician <i>E. J. Smith</i>	
Address <i>Burnsboro Ind</i>	
Accident or Suicide? <i>-</i>	



Name In Full

Certificate of Death

Luman Allen Stotter

Town

County

Died at

Brossius

Hess Va

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903.

7. 24

Age 50

0 14

H Va

Laborer.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

one.

Husband

of

Wife

Anna Mary Casuthers

Father's

Mother's

Name

Peter Stotter

Maiden Name

Elizabeth Shockey

Cause of

Primary

Consumption

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

P. E. Stigler

Address

Hancock Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Stodley</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>July</i> <small>Month</small>	<i>2.</i> <small>Day</small>	Age <i>88</i> <small>Years</small>	 <small>Months</small>	 <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Switzerland</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Basket maker</i>			
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>27</i>				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>5 Yrs.</i>
Immediate <i>Exhaustion, Frailty.</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. B. Morrison</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	

80  
—  
81  
30

77  
—  
26  
50





Elizabeth.

Seeler.

Town

County

Died at

Zelgo

Wart.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

7

10

Age

83

Md.

housewife

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widow~~

Number of children living

5

Husband

of Isaac Seeler.

Wife

Father's

Name

Mother's

Maiden Name

Annie Aensworth

Cause of

Primary

old age

How long sick

Death

Immediate

Myocardial

150

Accident, Suicide, Homicide

Reported by

C H. Baker

Address

Rohrersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Catharine Summers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Boonsboro		County Washington		MARYLAND	
Date of death 1903	Month July	Day 22	Age 65	Years 4	Months 7	Days	
Sex Female	Color or Race White		Birth- place Church Hill, Md. Co., Md.				
Married, Single or Widowed Widow			Occupation House Wife				
Name of Wife or Husband David V. Summers							
Father's Name Joseph Schildnecht				Father's Birthplace Md			
Mother's Maiden Name Ellenora Poffenberger				Mother's Birthplace Md			
Name of person giving In formation Mrs. Elmer Longawaker				How related to deceased Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	A. S. O. P. L. Y. -		How long	4 hours.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		W. B. Wheeler M.D.		
Address		Boonsboro Washington Co.		
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

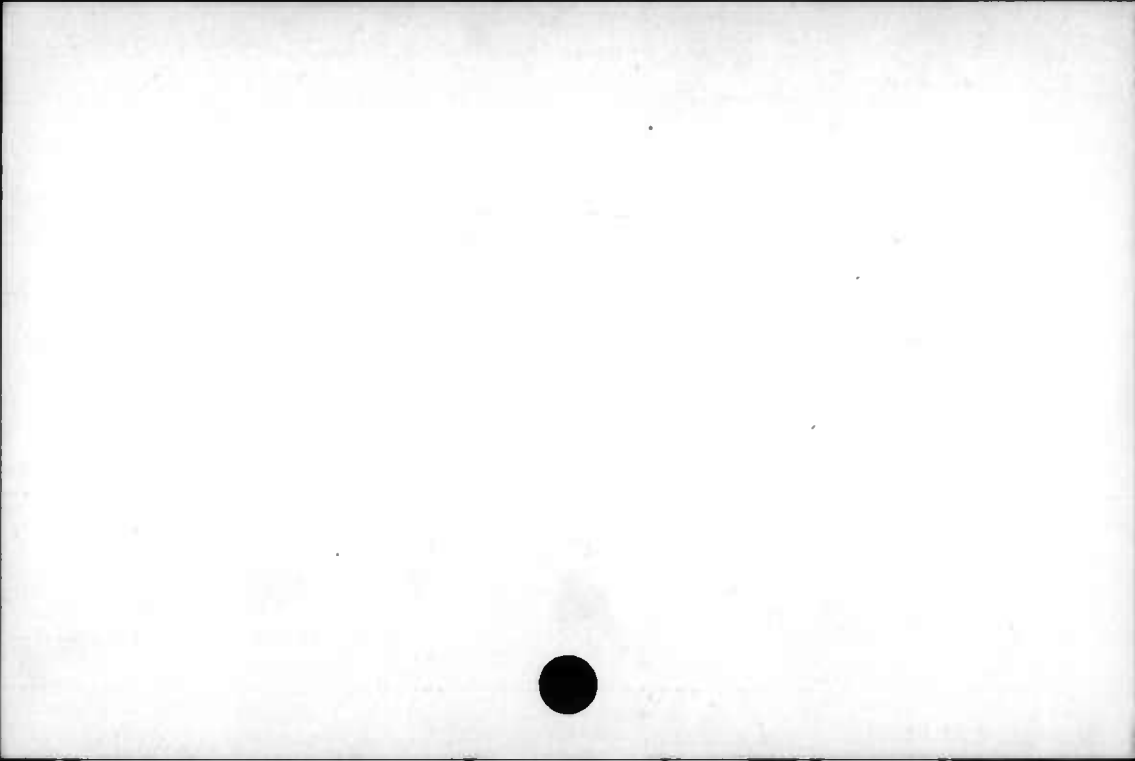
Infant child of C. F. + Zella Underdunk.

Died at <sup>Town</sup> Hagerstown		<sup>County</sup> Washington		MARYLAND	
Date of death 190	3	Month	July	Day	4
Age		Years		Months	
Sex		Color or Race		Birth-place	
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person living in formation		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Asketasis	How long	only 15 hrs old
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

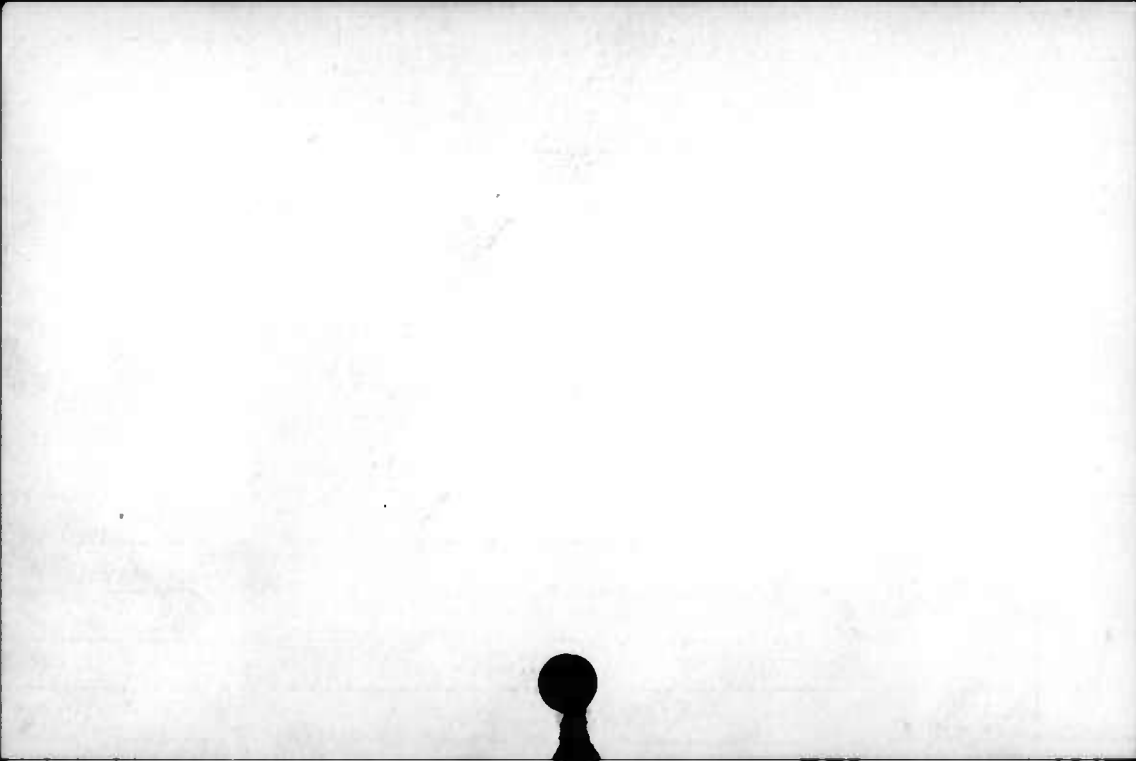
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death 1903	Month July	Day 12th	Age 64	Years	Months 3	Days 10	
Sex Male	Color or Race White		Birth- place Sabillasville				
Married, Single or Widowed	Married		Occupation Supt. Orphan's Home.				
Name of Wife or Husband	Cordelia Hems worth Gantz						
Father's Name	David Wagaman				Father's Birthplace	Fred's Co.	
Mother's <del>Maiden</del> Name	Nancy Wagaman				Mother's Birthplace	Fred's Co.	
Name of person giving In formation	D. M. Wagaman				How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Interstitial Nephritis		How long	Fifteen years
Immediate	Cardiac Dilatation		How long	One week
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician D. M. Wagaman	
			Address 47 N. Franklin St. Hagerstown, Md.	
Accident or Suicide?		— 120		





Name

is  
F51

## CERTIFICATE OF DEATH

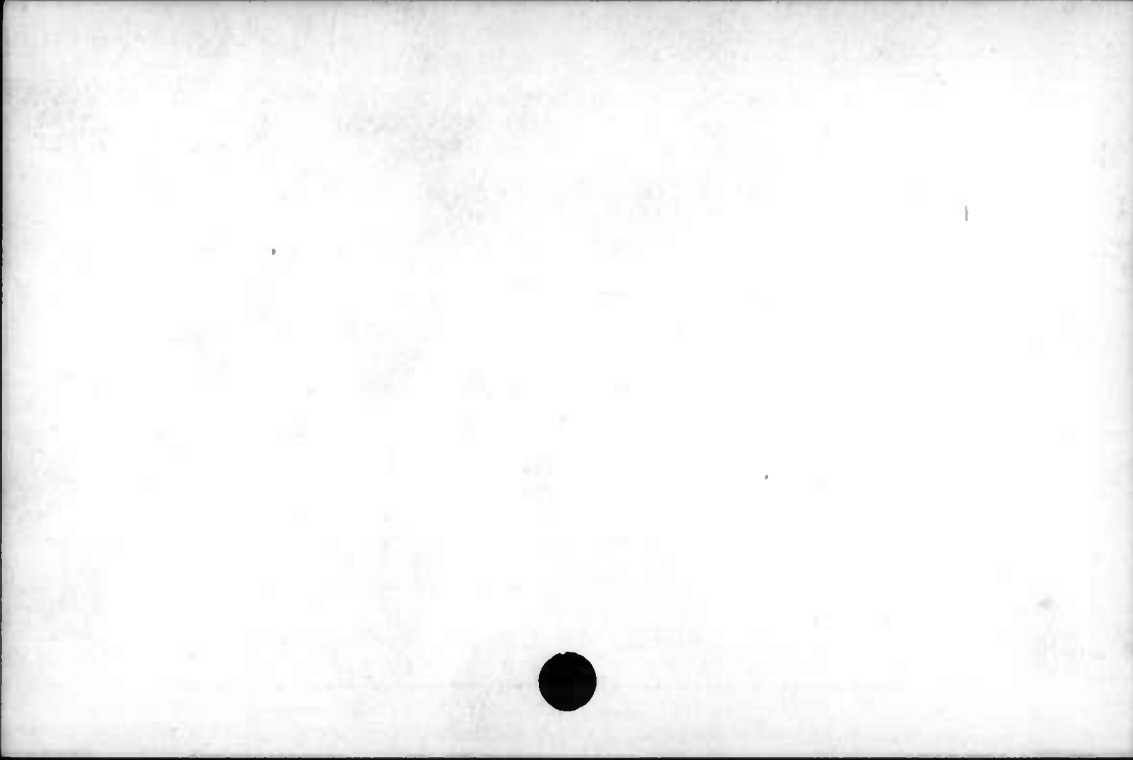
TO BE ANSWERED BY  
NEAREST FRIEND

Still Born		Town		County		MARYLAND	
Died at		near Dayton, Washington					
Date of death 1903		Month	Day	Age	Years	Months	Days
3 July		1st					
Sex		Color or Race		Birth-place			
Male		White		Md			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Leslie T Wakefield				Frederick Co Md			
Mother's Maiden Name				Mother's Birthplace			
Hattie H Bloom				Thurmont			
Name of person giving information				How related to deceased			
Leslie T Wakefield				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Still Born	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Andrew Coffman
	Address
	709 1/2 St. N.W. Md
	Funeral Director
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date

Husband  
of  
WifeFather's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Mother's  
Name

Primary

Immediate

How long sick

~~Accident, Suicide, Homicide~~



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Emma W. Worden</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Age <i>2</i>		Months <i>11</i>	
Month <i>July</i>		Day <i>2</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth- place <i>Md.</i>			
Married, Single or Widowed <i>single</i>		Occupation <i>Child</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Thos. B. Worden</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Florence V. Bussard</i>		Mother's Birthplace <i>'</i>					
Name of person giving Information <i>Eli F. Bussard</i>		How related to deceased <i>Grandfather</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Entero - Colitis</i>		<i>105</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		How long <i>24 hrs.</i>	
Signature of Physician <i>W. B. Morrison M.D.</i>		Address <i>Hagerstown</i>	
Accident or Suicide? <i>—</i>		<i>Md.</i>	

